funeral directar, uld be filed with **D FUNERAL DIREC**After this certificate has been signed by the attending physician and campletely filled in the page 3 should be when for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, crematian, ar removal, and in any event within 72 haurs after death.

		MARILAND	JIMIL DEFARIN	ILINI OF HEALIF	1-DALIIMC	KE, IO		
	0880:	5	CERTIFICA	ATE OF DEATH	1	Reg.	Dist. No.	180
1.	PLACE OF DEATH	WICOMICO	MARYLAND	2. USUAL RESIDENCE (WHAT Maryland		If institution: Resid	lence before admissi	an)
	b. CITY OR TOWN RURAL and give	(If outside corporate limits, write nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limit	ts, write RURAL an	d give nearest town)
P	rincess	Anne SALISBURY	35 years	Princess A	nne		19.0	
1	OR INSTITUTION	PITAL (If not in hospital, give street of GEN RAL HOSPITAL	oddress)	d. STREET ADDRESS	//General	/Mospin	e. IS RESI ON A	PARM?
3	NAME OF DECEASED (Type or print)	TA INF	S Middle A	LESYD	4. DATE OF DEATH	Month	Day Y	lear /
5.	SEX	6. COLOR OR RACE 7. MARRI	IED NEVER MARRIED	B. DATE OF BIRTH		(In years IF UND	ER TYEAR IF UNDER	9 6 R 24 HRS
	Male	Colored WIDOWE		1/1/1899	68	yrs. Months	Days Hours	Min.
10	during most of we	ION (Give kind of work dane 10b. I	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State		12. (CITIZEN OF WHAT	COUNTR
_	Retired	Re	tired	RICh	MONL	14 1	JSA	
13.	FATHER'S NAME	r NI D	ND	14. MOTHER'S MAIDEN N	JAME 7			
15	WAS DECEASED EN	/ER IN U. S. ARMED FORCES? 16. S	SOCIAL SECURITY NO. 17.	INFORMANT	,	Address		
(Y	is. no. or unknown)	(If yes, give wor or dates of service)		ena Alford.	Princess		//d	
=	18. CAUSE OF DE	EATH [Enter only one couse per liq					INTERVAL BET	TWEEN
	PART I. DE	EATH WAS CAUSED BY:	hamic	MYDCOR	itis		ONSET AND	DEATH
	443	DUE TO	1110	1/1				
	Conditions, if			12			E SHIET	
	gave rise to cause (o), stating	immediate (
	lying cause last							
ATION	PART II. O	THER SIGNIFICANT CONDITIONS C			NAL DISEASE CONDI	TION GIVEN IN P	ART 1(o) 19. WAS A	UTOPSY
FICA		HADEF	remsion				YES 🗌	
L CERTII	OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING (1) 20b. DESC IG (1) CAUSE OF DEATH Y MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter däture af injury in I	Part I ar Part II af ite	m 18.)		
MEDICA	20c. TIME OF INJU Haur a. m. p. m.	White	Not while fo	ACE OF INJURY (Home, farm ctary, street, affice bldg., etc.	20f. (City or town		(County)	(State
	21. I certify t	that I attended the decease	ed from too an a	104965 1009	une 74	1967 that	I last sow the	decens
	alive on	Tune 4th, 196		occurred ot 6:30		ouses and on	the date state	d abov
	5	en em	1,		ADDRESS (Street, city			TE SIGN
	SIGNATUREC	2600 4.10 d	ukoman	M.D. 12100C	258 Hr	DDP.	sond.	
	PHYSICIAN'S NAME (Type)	ldon G. Markmar	1	Princess	Anne Maj	cyland)F
22	BURIAL, CREMATI	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY C		22d. LOCATION (Cit	y, tawn, or county		
	burial"	" 6/7/67	John Wesle				Marylan	d
23.	FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	24a . REC*1	D BY REGISTRAR	4b. REGISTRAR'S	SIGNATURE	

24b. REGISTRAR'S SIGNATURE
ACCEPTAGE Judge

240. REC'D BY REGISTRAR DAYE UN 1 2 196

1967

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNERAL DIRECTOR PAGE 3 should be a VS A15 (4) 15M 10/57

William H. James Jr. Princess Anne, Md

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CERTIFICATE OF DEATH	2028
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THE RESERVE OF THE PROPERTY OF	The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1 1	24	15	3 2	5

	00000	CERTIFICATE O	F DEATH	08805
1 1.	PLACE OF DEATH	2.	USUAL RESIDENCE (Where deceased lived,	
	O. COUNTY I COMIC	O MARYLAND	MURYLAD	b. COUNTY DR.
	 b. CITY OR TOWN (If outside corporate limit write RURAL and give pearest tawn) 	ts, c. LENGTH OF STAY IN 16 c.	CITY OR TOWN (II autside corparate limits,	write RURAL and give nearest tawn)
-	d. NAME OF HOSPITAL OR INSTITUTION (IF	y 2 VRS	STREET ADDRESS	2.3 · · · · · · · · · · · · · · · · · · ·
0	TOO IL' LI NI	URSING HOME	SIRCEL ADDRESS	ON A FARM?
3.	NAME OF	First Middle	Lost 4. DATE	Month Doy Year
	DECEASED (Type or print)	UTH H. AYD	ELDTTE DEATH	JUNE 28 1967
5.	SEX 6. COLOR OR RACE		ATE OF BIRTH 9. AGE (In	yeors IF UNDER 1 YEAR IF UNDER 24 HRS
	TM W	WIDOWED DIVORCED	106, 22, 1940 60	yrs.
	o. USUAL OCCUPATION (Give kind of work don- ring most of working life, even if retired)	NNDUSTRY 1	F. BIRTHPLACE (County & Stote, or foreign coun	try) 12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME		MOTHER'S MAIDEN NAME	D 1 0,3/+
	ERNEST W	11 LKINS 1	MANNIE CO	OPER
15	es, no, of wilknown) (If yes give wor or dotes	1 16 SOCIAL SECURITY NO 17 ENEOL		Address
	MEND	*20-01-1>25DI	YRS. MILDRED	GREBB DECLINI
	18. CAUSE OF DEATH (Enter only one co PART I. DEATH WAS CAUSED BY:	12 1		INTERVAL BETWEEN ONSET AND DEATH
	HH2X IMMEDIATE CAUS	E (0) Dyndia for	umonia	
	Conditions, if ony, which gave	(b) Cardis fras	cular recul	Liseane
	rise to immediate cause (o), stating the underlying couse	E TO		
	lost.	(c)		
NO	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE CONDITION GIVEN IN PAR	PERFORMED?
CERTIFICATION	20o. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED. (Ente	r nature of injury in Port I or Port II of ite	YES NO
CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	200. DESCRIBE NOT HOOK! OCCURED. (EINO	The control of the co	
WEDICAL	20c. TIME OF INJURY Month, Day, Yeor Hour o.m.		FINJURY (Home, farm, 20f. (City or	town) (County) (State)
ME	p.m. 19	ot work U ot wark U	street, office bldg., etc.)	
		spital) attended the deceased fram	19 7, to 6	1967, that (I) (we) I
	saw the deceased alive an_	1997, and marde	ani occorred dim, nam	causes and an the date stated abay
	-11. les		ATTENDING MED. STA	AFF C
	22c. PHYSICIAN'S NAME (Type)	ATEC	22d. ADDRESS	
-	11.61.81.1.	11. + 120/29	1 001 1000	
123	O. BURIAL CREMATION, 23b. BATE TO REMOVAL (Specify)	HEREOF 23c. NAME OF CEMETERY OF CREM	0	131 M
16	4. FUNERAL DIRECTOR	ADDRESS	PEG REC'D BY REGISTRAT	25b= REGISTRAR'S SIGNATURE
	Anna 19,13	withre Berlin	MANUE 9 1901	Inakes Judge

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08807 CERTIFICATE OF DEATH **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after 6.50th Page 4 may be retained by the haspital ar attending physician. by the funeral Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and 1. PLACE OF DEATH Somerset o. COUNTY MayVland Wicomico MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Life Time Frincess Anne Salisbur e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospitol, give street address) d. STREET ADDRESS completely filled in ave carban papers. Peninsula General Hospital H YES NO TO Middle 4. DATE Month Year 3. NAME OF First Lost Dov DECEASED 196 DEATH ard (Type or print) 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH (In years IF UNDER 7. MARRIED omy v birthdoy) Months Hours Doys Colored WIDOWED DIVORCED and 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR OUNTRY? during most of working life, even if retired) attending physician sermit. Then please State Collage . Maryland pup 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar remaval, Ellen Tilghman Benjamin Ballard 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service Ardella Ballard Princess Anne Md INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse FUNERAL DIRECTOR: After this certificate has been be detached for use as the State Dept. of Health priar ta 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION NO 2Do. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 2Dd. INJURY OCCURRED 2Dc. TIME OF INJURY Month, Dov. Year foctory, street, office bldg., etc.) Hour o.m. While Not While ot work ot work 21. I certify that (I) (this haspital) attended the deceased fram , 19___, that (I) (we) last page 3 shauld be filed with the S and that death accurred at 230 M, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE MED. DIRECTOR STAFF PHYS. **ATTENDING** M.D. 22d. ADDRESS 22c. PHYSICIAN'S directar, pa should be f NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL CREMATION. 23b. DATE THEREOF (County) Princess John Wesle 2 2Sb. REGISTRAR'S SIGNATUR 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR

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J	08808	CERTIFICATE	OF DEATH		10220
	LACE OF DEATH COUNTY Wicomico	MARYLAND	o. STATE	e deceased lived, if institution b. COUNTY	: Residence before admission)
Ь	CITY OR TOWN (If autside carparate limits, write RURAL and give peorest town) SALLSDURY	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside	carporote limits, write RURAL	
d	NAME OF HOSPITAL OR INSTITUTION (If not in hospit Peninsula Gene		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO X
D	AME OF First	Middle T	Last 4.	DATE Month OF Month	Day Year
S. S	nale White WIDOW	A	11. BIRTHPLACE (County & Sto	last hirthday) yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min. 12. CITIZEN OF WHAT COUNTRY?
15	FATHER'S NAME JAMES H. R	3 7 16. SOCIAL SECURITY NO. 17. 18	14. MOTHER'S MAIDEN NAME MARY NFORMANT	A BA	NKS HORILLE, MD
	18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	for (a), (b), and (c), CCIVELACE LIXTORIOSCIES REMERRALIZE	1	1 1	INTERVAL BETWEEN ONSET AND DEATH U 125
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION	ON GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ 20b OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part	l or Part II af item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a.m. 20	d. INJURY OCCURRED 20e. PLAC thile Nat While factor	E OF INJURY (Home, form, ary, street, affice bldg., etc.)	20f. (City or town)	(County) (Stote)
	20M life deceased diffe dil	tended the deceased fram	death accurred at Z	ta G 25 550 M, from causes or	, 19 <u>6</u> 7, that (I) (we) last and on the date stated above
	220. SIGNATURE 22c. PHYSICIAN'S	sulkeley MO	ATTENDING DIRI	STAFF PHYS.	22b. DATE SIGNED
23a.	BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	/ -	23d LOCATION (City or Town	(Caunty) (State)
24.	FUNERAL DIRECTOR	ADDRESS	CEMETECS 2So. REC'D BX	REGISTRAR 67 256 REOU	STRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please cemave carban papers. Pages Land shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in one expert, within 72 haurs offerceat Page 4 may be retained by the haspital or attending physician.

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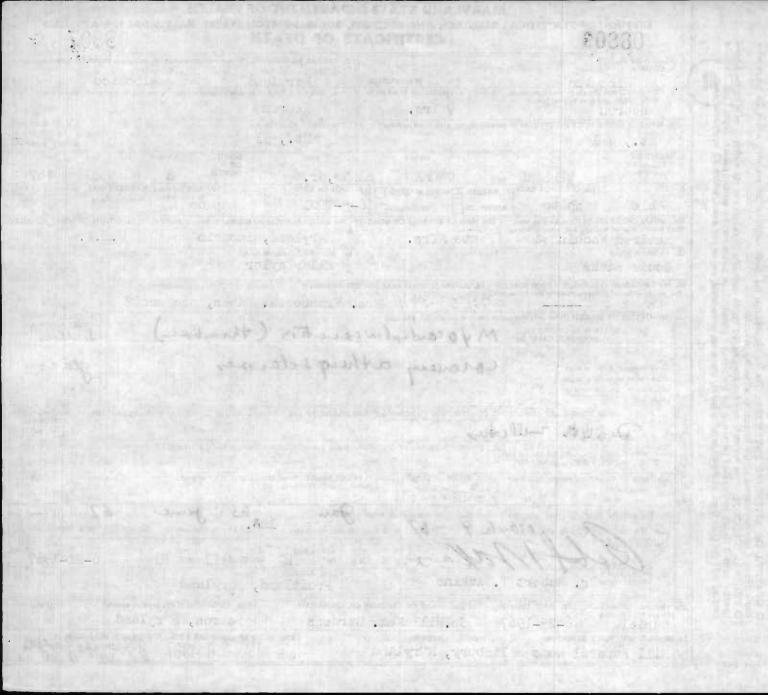
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VR A1S (4) 20M S-63

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 08803 CERTIFICATE OF DEATH

_	0000						1		70	00		
1.	PLACE OF DEATH	ł			2.	USUAL RESIDEN	CE (Where c	daceesed lived, If	institution: R	esidenc	e before	admission)
1	a. COUNTY					a. STATE b. COUNTY						
	Wico	mico		MARYLANI		Maryla			locmic			
	b. CITY OR TOWN (if outside corporate limits, I give nearast town)	c. L	ENGTH OF STAY IN 1	Ь	c. CITY OR TOWN	(If outside cor	porata limits, write	RURAL and	give n	neerest tov	vn)
	Hebron		9	Yrs.		Hebron				9.50	- /	
-	d. NAME OF HOSPI	TAL OR INSTITUTION (if no	ot in hospitel.	give street address)		d. STREET ADDRESS					e. IS R	ESIDENCE
						Rt., #	47				1	A FARM?
	Rt., #	1				16009 11	-				YES	ио 🔀
3.	NAME OF DECEASED	First		Middle		Last	4. DATE	Month		Dey	Yea	r
	(Type or print)	WILLARD	η	THOMAS BANKS, Sr. DEATH 6					20	20 1967		
5.	SEX	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. AGE (In years IF UNDE					LIF LINDER 1					
			WAKKIED W	NEVER MARRIED	1 .			last birthdey)		Deys	Hours	Min.
	Male	1	VIDOWED _	DIVORCED _	10-2	-1901		OO yrs.				
10	a. USUAL OCCUPAT	TON (Give kind of work orking life, even if retired)	106. KIND O	F BUSINESS OR INDU	ISTRY 11	BIRTHPLACE (Cou	nty & Stete, o	r foreign country)	12. CITI	ZEN O	F WHAT	COUNTRY?
0	Retired M		Pants	Mfrs.		Maryland,	Wicomo	io	U.S	5. A.		
13	. FATHER'S NAME		12 01100		1.14	MOTHER'S MAIDEN			1			
	Louis Ban	ke			17.	Ella Tayl						
	Tours pan	CA.				11114 149 1	.01					
		ER IN U.S. ARMED FORCES		AL SECURITY NO. 17	. INFC	RMANT		Address				
(1	NO NO	fyes give war or dates of servi	1321-0	3-8991 M	re.	Frances R.	Banks	. See se	c 2			
-		EATH (Enter only one car	101-11		100	1 1 011000 100				LINT	ERVAL BE	TWEEN
		H WAS CAUSED BY:				+- 1	1	1			SET AND	
	Triki ii derii	IMMEDIATE CAUSE (a)	141 40	condiali	VFC	ic nr 1	Vin	m vacs)		Ju	edler	1
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	Conditions, if eny	, which) (b)	CALA	rous a	the	hero selenses year					lar	2
	geve rise to immed	iete cause	-0-00	100		-				0		
	(a), steting the u	Inderlying DUE TO										
	cause lest.) (c)			-							
Z	PART II. OTHE	R SIGNIFICANT CONDITIO	NS CONTRIBU	TING TO DEATH BUT	NOT RE	LATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	1(a) 15	9. WAS	AUTOPSY DRMED?
CATION	0.3	1. te 2 00;	±							,		NO
	200 ACCIDENT W	AS UNDERLYING TI 2	DECEMBE	HOW INTURY OCCU	IDDED (C		D 41 . D.	· II - 6 is - 10 i		- 1		
CERTIFI	OR CONTRIBUTING	CAUSE OF DEATH	OD. DESCRIBE	HOW INJURY OCCU	IKKED. (E	nter nature of injury i	n Part I of Per	I II of Item ID-)				
0	(IF EITHER, NOTIFY	MEDICAL EXAMINER)										
3	20c. TIME OF INJU	JRY Month, Day, Year	20d. INJUR			F INJURY (Home, far		ty or town)	(Cour	ity)		(State)
MEDICAL	Hour a.m.	40		ot While	factory,	street, office bldg., etc	:-/					
Z	p.m.	19			-		177	10 . 4		-		
	21. I certify t	hat (I) (this hospital)	attended t	the deceased fro	m	7	1962 to					(we) last
	saw the decease	see alive on May	ch 4	19.6, and th	nat dea	th occurred at	M, fron	n the causes a	and on the	e date	stated	above.
	220. SIGNATURE	1117	1 11									. DATE
	100	14//	MI	kin	M.D.		MED. DIRECTOR	STAFF PHYS.		6-	21-19	SIGNED
	22c. PHYSICIAN'S	1//	0-10	3	M.D.	22d. ADDRESS				0 ,		
	NAME (Type)	Dr. Robert T	. Adki	ns		Fruitland	ror M . F	rland .				
23	a. BURIAL, CREMAT	ION, 236. DATE THEREO	F 23c.	NAME OF CEMETE	RY OR C	CREMATORY		CATION (City, to)	(5	itete)
1	REMOVAL (Specify) Burial	6-23-1967	Sp	.Hill Mem.	Gar	dens	Hebi	ron, Mary	rland			
24	FUNERAL DIRECTOR			ADDRESS				STRAR 256. REG		IGNAT	TURE	
1-		eral Home Sal	ichum				11:11 1	カ ミカハブ	Villa	ree	1 Jus	ye.
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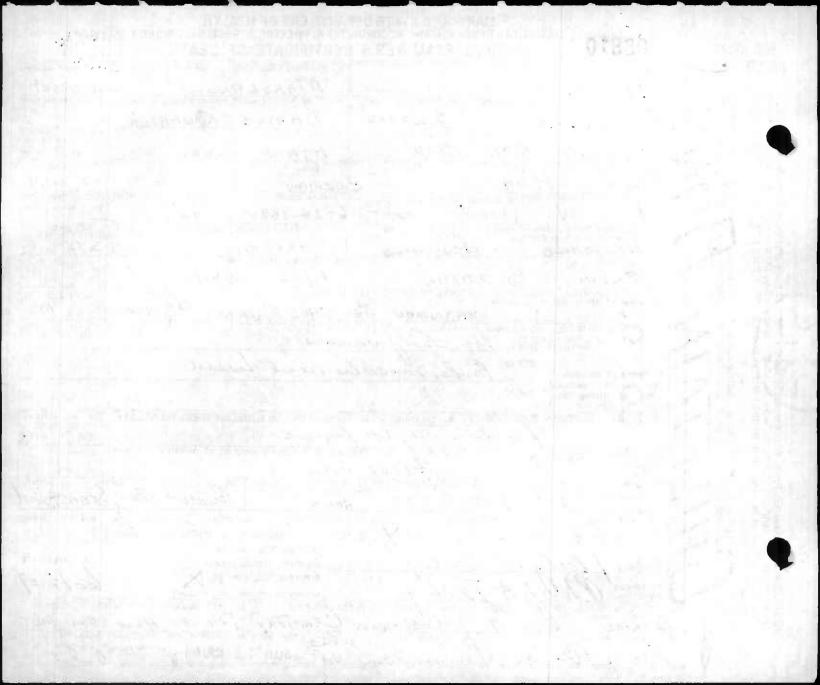
FOR STATE HEALTH DEPT.

tessary, te funeral 5 may be O DEPUTY ME. EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute are certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page retained for your files. TO DEPUTY MED

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VR AISME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 08810

DILLOWED DIVORCED DIVORCED 10									
D. CITY OR TOWN (I) outside corporate limits, c. LENGTH DE STAY IN 10 b. WITE RURAL and give narest town) write RURAL and give narest town DAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 1. ARME OF DEATH CONTROLL OF INSTITUTION (If not in hospital, give street address) N. ARME OF DEATH CONTROLL OR RACE 11. BIRTHPLACE (State or foreign country) 12. STAYLOR SHAME 13. ARME OF HOSPITAL OR RACE 14. MOTHER'S MAIDEN RAME 14. MOTHER'S MAIDEN RAME 15. WAS DECEASED FYCE IN U.S. ARMED DOES? 16. SOCIAL SECURITYNO. N. ARMED OF DEATH CENTER OR RACE 17. MOTHER'S MAIDEN RAME 18. MOTHER'S MAIDEN RAME 19. ARE OF DEATH CENTER OR RACE 19.				2. USUAL RESIDENCE		Residence before admission)			
WILL REPORT WAS AUTONOMY WAS A					AND				
C. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) C. STREET ADDRESS C. ST	D. C	irlta RURAL and give naarest town)			(1)	AL end give nearest town)			
NAME OF DECLASED First Middle Lots Apre Month Doy Year DECLASED Part Company Search Color or race Apre Month Doy Year Declase Color or race Apre Month Doy Hours Min. Doy Month Doy Hours Min. Doy Min. Doy Hours Min. Doy Min. Doy Hours Min. Doy M	d N	DAL 13/3 4RY			5 QUARTER	19.4			
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21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner, CHIEF MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, Address (Street, city, town, or county) EXAMINER'S, Address (Street, city, town, or county) EXAMINER'S, Address (Street, city, town, or county) EXAMINER'S, ADDRESS, ADDRESS, ADDRESS, ADDRESS, ADDRESS, ADDRESS, ADDRESS, ADDRESS	ATIO	Free	ture right	/		PERFORMED?			
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EXAMINER'S Address (Street, city, town, or county)	ACT SIG	NATURE / Leely a	Moley	M.D. ASSISTANT MEDIC	AL EXAMINER	22. DATE SIGNED			
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BREMOVAL (Specify) 6-20-69 BEECH WOOD CEMETERY RINCESS PANE SON MD 24. FUNERAL DIRECTOR ADDRESS 253. REGISTRAR 250. REGISTRAR'S SIGNATURE	NAI	WE (Type) / h. V) /	1/10/eg			(State)			
24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	/2RI	EMOVAL (Specify)	0/	1	4				
2/83				. , , . , , ,					
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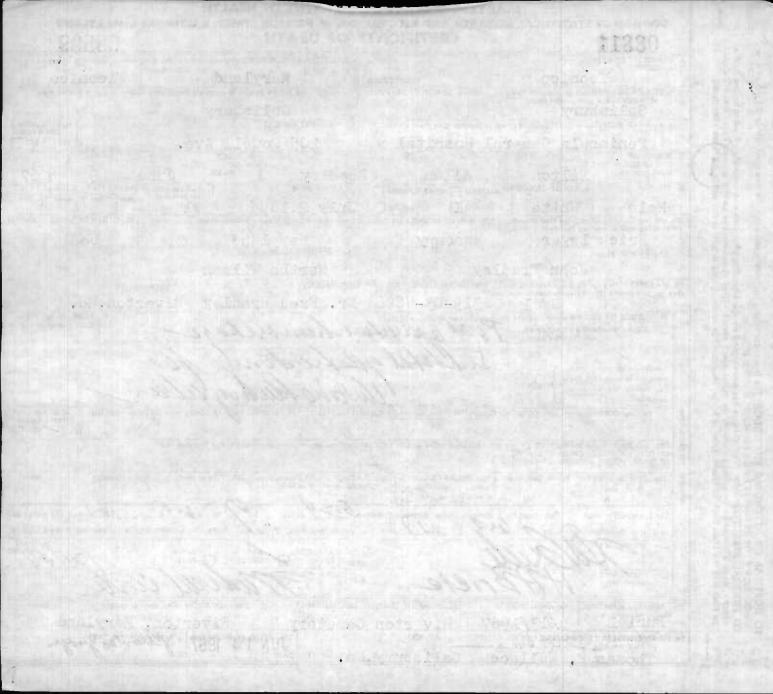
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbog papers, Pages 1 and 2 should be filled be to the price to burial, cremation, or removal, and in any event, within 24 hours after death.

VR A15 (4) 20M 5-63

	MARILAND STATE DELARIMENT OF THE	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON ST	FREET, BALTIMORE 1, MARYLAND
08811	CERTIFICATE OF DEATH	08809

1.	PLACE OF DEATH				2. USUAL RESIDI	ENCE (Whare			ce bafore e	dmission)
		omico		MARYLAND	•. STATE Ma	arylan	d b. coun	Wicon	nico	517
	b. CITY OR TOWN (if or write RURAL end give		c. LENGTH	OF STAY IN 16	c. CITY OR TOW	'N (If outside c	corporete limits, writa	RURAL and give	neerest tow	n)
	Salisbu				Salisbury					- 1
	d. NAME OF HOSPITAL	OR INSTITUTION (if no	ot in hospital, giva stre	et eddrass)	d. STREET ADDRE	ESS				ESIDENCE A FARM?
		ıla Genera	al Hospit	tal	205 P	Powell	Ave.			ио 🛚
3.	NAME OF DECEASED	First	Mi	iddle	Last	4. DAT	E Month	Day	Year	
	(Typa or print)	Milton	Allen		radley	DEA	Juli		19	67
5.	SEX 6.	. COLOR OR RACE 7.	MARRIED NEVER	MARRIED B	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR last birthday) Months Days					24 HRS. Min.
	Male	***********	of the L	VORCED _	July 2,18	395	71 yrs.		Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratirad)				RY 11. BIRTHPLACE (C	County & Stata,	or foreign country)	12. CITIZEN C		OUNTRY?	
	Brick 1	Layer	Masonry	7		yland		US	SA	
13.	. FATHER'S NAME				14. MOTHER'S MAID	DEN NAME				
		John Brad		M. Frank	Martha	a Wils	on	Held La		
	WAS DECEASED EVER I			JRITY NO. 17.	INFORMANT		Address			
	res	WW 1	313-03-	-4696	Mr. Fred	Bradl	ey Rive	erton, Mo	d.	
	1	TH (Entar only one car	usa per line for (a), (b)	, and (c).]	/	11/		I IN	TERVAL BET	
	PART I. DEATH V	WAS CAUSED BY: MEDIATE CAUSE (a)	1 420 60	enusu	unter	scho	2		7,77	
	5400	DUE TO	5/1//	Sil no	11.1.	6	1/2			
	Conditions, if any, v		eventa	rai of	represent	my	NON			
	gave rise to immediate (a), steting the unde	> DITE TO		/11	, anin les	11.1	1. 1/10			
	ceuse last.			'Un	vous ne	ums	1 mile			
NO	PART II. OTHER SI	GNIFICANT CONDITIO	NS CONTRIBUTING TO	O DEATH BUT NO	OT RELATED TO THE TER	RMINAL DISTA	SE CONDITION GIV	EN IN PART 1(a)	19. WAS A	NUTOPSY PRMED?
CAT										NO [
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING [] (IF EITHER, NOTIFY ME	CAUSE OF DEATH	Ob. DESCRIBE HOW	INJURY OCCURR	ED. (Entar nature of înju	ry in Part I or I	Part II of itam 18.)			
CAL	20c. TIME OF INJURY	Month, Dey, Yaer	20d. INJURY OCCU		ACE OF INJURY (Homa,		(City or town)	(County)		(State)
MEDICAL	Hour e.m.	19	While Not Whi		tory, straat, offica bldg.,	, etc.)				
2	p.m.	t (I) (this hospital)		4-4	5,24	10	to 6.91	196.	that (1) 4	(we) last
		alive on		5 1	death occurred at	00%				
	22a. SIGNATURE	TA I	174	,, and mar			-	1110 02		. DATE
	M	WKUL	7	A.	A.D. ATTENDING	MED. DIRECTOR	STAFF PHYS.	1	2.76	SHENED
	22c. PHYSICIAN'S	Min	3-01-	N	22d. ADDRESS	777.	1 sul	1, 1		
	NAME (Typa)	17/1/	riele			/ Ull	vall C	was)	
23	Ba. BURIAL, CREMATION	, 23b. DATE THEREO	F 23c. NAME	OF CEMETERY	OR CREMATORY	23d. L	OCATION (City, tov	vn or county)	(S	tata)
	Burial	6/13/19	67 Riv	erton (Cemetery	R	Riverton.	Maryl	and	
24	FUNERAL DIRECTOR'S	SIGNATURE DE	ADDR	RESS	259	JACO'D BY AREC	-		TURE	
_	Thomas	F. Wallac	e Sali	sbury,	Md. DATE				U	



OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death petely filled in by the funeral cotton papers. Pages 1 and ent within 72 hours after death and cample remaye co and in any and please attending phys nermit. Then p or removal, burial, cremation, the burial-transit signed by be retained by the hospital ar attending physician. as the FUNERAL DIRECTOR: After this certificate has been State Dept. af Health priar ta use D detached director, page 3 shauld be filed v O HOSPITAL 9

VR A15 (4) 20 M 1/66

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MEDICAL

Conditions, if any, which gave rise ta immediate cause (a), stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 21. I certify that (1) (this haspital) attended the deceased fram 6-16-67 saw the deceased alive an_ 22a. SIGNATURE ATTENDING PHYS DIRECTOR M.D. PHYS. 22d. ADDRESS PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) (State) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) 23a. BURIAL, CREMATION, REMOVAL (Specify) Wicomico Mem. Salishurv 25b. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR ADDRESS 24. FUNERAL DIRECTO Wall Salisbury Md omas ace

MILES A. 5.3300 The state of the s La La Lang Man Man Man

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0881	3		CERTIFICAT	E OF DEATH	A In The		08	811
1. PLACE OF DEATH a. COUNTY Wi	comico		MARYLAND	2. USUAL RESIDENCE (a. STATE Max	Where deceased yland	lived, if institutio b. COUNT		. /
write RURAL_an	If autside corporate limit d give nearest tawn) Lisbury	,	c. LENGTH OF STAY IN 16 3 mo. 18 day	c. CITY OR TOWN (If a	utside carparate		AL and give near	est tawn)
d. NAME OF HOSPIT	al or institution (if no		ive street address)	d. STREET ADDRESS	: #3			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fi	st	Middle	lost Bridges	4. DATE OF DEATH	Manth June	D. 9	1967
s. sex	6. COLOR OR RACE White		NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Sept 15, 18	100000000000000000000000000000000000000	AGE (In years last birthdoy) yrs.	Months Days	
10o. USUAL OCCUPATIOn during most of warking Water:			nd of Business Or Dustry Seafood	11. BIRTHPLACE (County Talbot C	ounty,		12. CITIZEN COUNTRY	
13. FATHER'S NAME Dan	iel Bridges			14. MOTHER'S MAIDEN Deli	NAME a Jones			
	ER IN U.S. ARMED FORCES? (If yes give war ar dates o	f service)	SOCIAL SECURITY NO. 17. 5 - 12 - 7157	INFORMANT Mrs. Annab		Addres	, Neavi	
PART I. DEA 19 Conditions, if one rise to immedia stating the und-	y, which gave te cause (a), erlying couse	(a) Bro	onchopneumonis	sis			3	NTERVAL BETWEEN ONSET AND DEATH OLEYS 9. WAS AUTOPSY
SOO. ACCIDENT WA	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter no							PERFORMED? YES NO
20c. TIME OF IN.	G CAUSE OF DEATH (MEDICAL EXAMINER) JURY Manth, Day, Year m. 19	20d. II While	Not While	LACE OF INJURY (Hame, far actary, street, affice bldg., etc	:.)	(City or town)	(Caunty)	(State)
sow the d	21. I certify that (I) (this haspifel) attended the deceased from Feb. 22, 1967, to June 9, 1967, that (I) (we) lost sow the deceased of the on June 9, 1967, and that death occurred at 6:15 M, from causes and on the date stated above.							
	220. SIGNATURE M.D. ATTENDING MED. STAFF June 10, 1967							
22c. PHYSICIAN' NAME (Type		ldve, l	1. D. /	22d. ADDRESS Deer's He	ead Sta	te Hospi	tal,Sal	isbury, Md.
23a. BURIAL, CREMAT REMOVA! (Specif	v)	2. 196'	23c. NAME OF CEMETERY O			ATION (City or Tov	vn) (Cour	nty) (Stote)
24. FUNERAL DIRECT		mers	A Melan		D BY REGISTRA	AR 2Sb. REC	GISTRAR'S SIGNA	Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages, and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any eyent, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

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CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) and completely filled in by the funeral remave carbon papers. Pages 4-and 1. PLACE OF DEATH o. COUNTY o STATE h COLINTY Wicomico MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) write RURAL and give neorest tawn) hours bon papers. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) 80 Peninsula General Hospital NO T 3. NAME OF 4. DATE Doy Lost Year DECEASED 15 19 60 (Type or print) DEATH S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE MARRIED NEVER MARRIED DATE OF BIRTH any ev last-birthdoy) Months Doys Hours DIVORCED WIDOWED emale 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT = during most of working life, even if retired) please COUNTRY? physician 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM remaval, attending phy permit. Then 17. INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes. no. or unknown) (If yes give wor or dotes of service) 10 crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) attending physician. DUE TO burial, Conditions, if ony, which gove nse to immediate couse (a) DUE TO far use as the b Health priar tab stoting the underlying couse has been ATTENDING PHYSICIAN: The law last. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO by the hospital ar TO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING FT CAUSE OF DEATH State Dept. af detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While at work ot work 21. I certify that (1) (this haspital) attended the deceased fram_ 1967, that (1) (we) last be retained 0 1967, and that death accurred at 1 A M, fram causes and an the date stated above. saw the deceased alive an. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF directar, page 3

should be filed v M.D. DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23o. BURIAL CREMATION 23c. MAMEROF CEMETERY, OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREO! (County) REMOVAL (Specify) 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

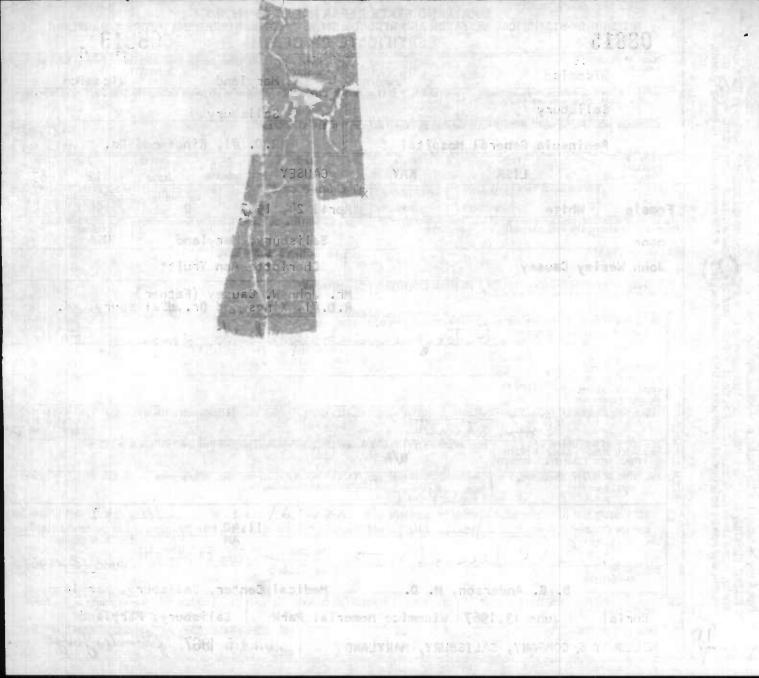
DIVISION OF STATISTICAL RESEAU 08815

LAND STATE DEPARTMENT OF F	TEALTH
ARCH AND RECORDS, 301 W. PRESTON	STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH	08813

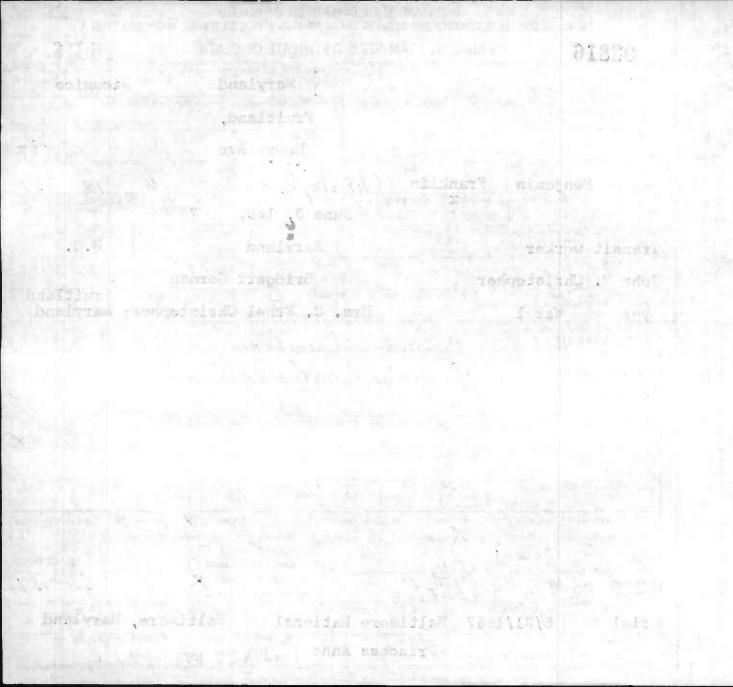
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. COUNTY Wicomico MARYLANO	a. STATE Maryland Wicomico
b. CITY OR TOWN (If outside corporate limits. L. LENGTH OF STAY IN 16	
write RURAL and give nearest town) Salisbury	Salisbury 22/
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d'ATREET ADORESS e. IS RESIDENCE
Peninsula General Hospital	R.D. #1, Kingswood Dr. YES NO
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) LISA KAY	CAUSEY DEATH June 12 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X	8. OATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min.
Female White WIDOWED DIVORCED A	April 24, 1967 O yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
none	Salisbury, Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Wesley Causey	Charlotte Ann Truitt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	informant r. John W. Causey (Father)
(Yes, no, or unkown) (If yes give war or dates of service)	R.D.#1, Kingswood Dr., Salisbury, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
JAMMEDIATE CAUSE (a) OSCERGALES	ompered and
Conditions, If any, which	
gave rise to immediate (
cause (a), stating the OUE TO underlying cause last, (c)	
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
R he stuit	PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEVANCE OF CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA facto while at work at work at work	ory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	ipul 24 1967, to 6/12, 1967, that (1) (we) last
saw the deceased alive on 1967, and that	t death occurred at 11:40, from the causes and on the date stated above.
22a. SIGNATURE O	AM 22b. DATE SIGNED
S Cinterson M. D.M.	D. PHYS. DIRECTOR D STAFF DIRECTOR D PHYS. D 14067
22c, PHYSICIAN'S	D. PHYS. DIRECTOR PHYS. June 13/1967
NAME (Type) D. G. Anderson, M. D.	Medical Center, Salisbury, Maryland
23a BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETER	
REMOVAL (Specify) June 13,1967 Wicomico Memo	
24. FUNERAL DIRECTOR ADDRESS	25a. REG'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
HOLLOWAY & COMPANY, SALISBURY, MARYLAND	D DATE UN 15 1967 y Charles Judge

VR A15 (4) 15M 4-64

7-011048



S. S. S. S. C. COLOR OR PACE 7. MARRED & NOVERED 3. DATE 1. DATE 1. DOTE 1	FOR STATE		08816	MEDICAL EXAMINER'S	CERTIFICATE OF D	EATH	03816
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3 NAME OF PERSON Benjamin Franklin	P M3				Fruitland	,	221
3 NAME OF PERSON Benjamin Franklin	un 2, 2, n Sepo		I. NAME OF HOSPITAL OR INSTITUTION (If not in hos	spital, give street address) · ·			
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PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year While Ot work Ot w	ifica ting irde as al, c						
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PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year While Ot work Ot w	his ate, be to	3	On SYTEDAM CAUSE WAS				YES NO
20c. TIME OF INJURY Month, Day, Year Hour o.m. 19 20d. INJURY OCCURRED While at work of twork of twork of two parts of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apining death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner , ACTUAL SIGNATURE	변 등 목 은	ERTIF	PRIMARY or CONTRIBUTING	206. DESCRIBE HOW INJURY OCCURRED. (inter noture of injury in Port I o	r Port II of item 18.)	
While of work	ner cer hau iles. sha sha it, p	S		204 INTURY OCCUPPED 200 DIAC	F OF INITIDY (Home form	Of (City or town)	(County) (Stote)
SIGNATURE EXAMINER S NAME (Type) Address (Street, city, town, or county) 230. BURIAL CREMATION, BUTTY A TPOETRY 6/21/1967 Baltimore National Address 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE	- 0 v + w -	MEDI	Hour o.m.	While Not While facto		con. (car or rown)	(500117)
SIGNATURE EXAMINER S NAME (Type) Address (Street, city, town, or county) 230. BURIAL CREMATION, BUTTY A TPOETRY 6/21/1967 Baltimore National Address 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE	EX.		p.m.		d an Autonov 🗔 Inc	partian 🔽 Inquiry 🖫	and in my anini
SIGNATURE EXAMINER S NAME (Type) Address (Street, city, town, or county) 230. BURIAL CREMATION, BUTTY A TPOETRY 6/21/1967 Baltimore National Address 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE	AL exe exe or. P for for						
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Burylard (pecify) 6/21/1967 Baltimore National Baltimore, Maryland ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE	0			sleen-	M.D. ASSISTANT MEDICAL EX	AMINER 🗌	22. DATE SIGNE
Burylard (pecify) 6/21/1967 Baltimore National Baltimore, Maryland ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE	NTY Iny, Be Be ar		EXAMINER'S O ///	731		NINER 🔀	6-18-67
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ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE	40 5 the			23c. NAME OF CEMETERY OR C	REMATORY 23	Baltimore	Mary and (Stote)
		1	-,,				
DATE JUN 2 (1 1967)	VR A15MB (5)	1/	mes Hennea	Princess A	nne DATE JUN 2		



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OSSIT CERTIFICATE OF DEATH

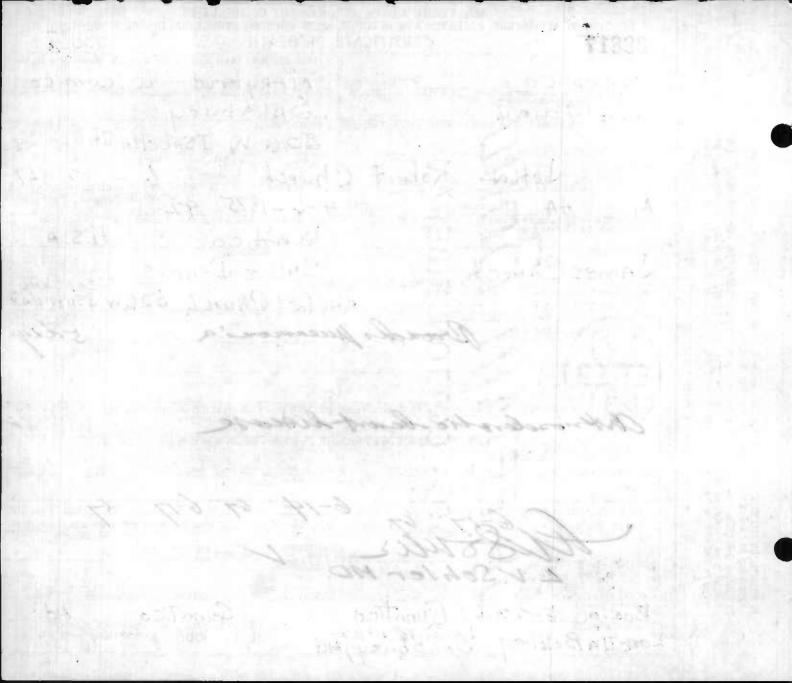
PLACE DE DEATH

11 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

UNNI	E UF DEATH	00011
PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institute a. STATE b. CDUNTY	3
b. CITY OR TOWN (If outside corporate limits. c. LENGTH CF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write i	RURAL and give nearest town)
SAISBURY	d. STREET ADDRESS	e. IS RESIDENCE
	526 W. ISAbella	SE DN A FARM?
NAME OF DECEASED (Type or print)	Last 4. DATE Month	Day Year 17 19 47
SEX 6. CDLDR DR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFU last birthday) Moi	INDER 1 YEAR HELINDER 24 HRS
Da. USUAL DCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR	4-6-1010 92yrs.	12. CITIZEN DF WHAT
	Quantico	COUNTRY?
01	5-111 1)	
	INFDRMANT	W. ISO hollast
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).1	Achel Church 226	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	meanor's	5 aly
Conditions, If any, which \ (b)		
cause (a), stating the DUE TD		
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTDPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING [] CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury In Part I or Part II of Ite	em 18.)
		(County) (State)
		19 , that (I) (we) last
22a. SYGNATURE	ATTENDING MED. STAFF	2b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) L. V. Sohler MA	22d. ADDRESS	
3a. BURIAL, CREMATION, 23b. DATE THEREDF 23C, NAME OF CEMETER	Y OR CREMATORY 23d. LDCATION (City, town	or county) (State)
24. FUNERAL DIRECTOR ADDRESS RT 11	25a. REC'D BY REGISTRAR 25b. REGIS	TRAR'S SIGNATURE
Y 3	PLACE OF DEATH a. COUNTY. WICOMICO D. CITY OR TOWN (If outside corporate limits, write.RURAL and give nearest town) d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) MAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) MAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) MAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) MAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) MIDDWED DIVDRCED DIVDRCES? 16. SDCIAL SECURITYND. 17. (es, no, or unkown) (If yes give war or dates of service) DUE TD Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TD Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 202. ACCIDENT WAS UNDERLYING TO DEATH BUT NOT WELL 203. ACCIDENT WAS UNDERLYING TO DEATH BUT NOT WELL 204. ACCIDENT WAS UNDERLYING TO DEATH BUT NOT WELL 205. CITME DF INJURY Month, Day, Year 200d. INJURY OCCURRED AND AND AND AND AND AND AND AND AND AN	B. COUNTY D. CITY OR TOWN II dutiside corporate limits, will and two mary Land D. CITY OR TOWN II dutiside corporate limits, will and two mary Land D. CITY OR TOWN II dutiside corporate limits, will and two mary Land D. CITY OR TOWN II dutiside corporate limits, will and two mary Land D. CITY OR TOWN II dutiside corporate limits, will and two mary Land D. CITY OR TOWN II dutiside corporate limits, will and two mary Land D. CITY OR TOWN II dutiside corporate limits, will and the corporate limits, and the corporate limits, will and the corporate limits, and the corporate limits

foneral 1 2 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completer, filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

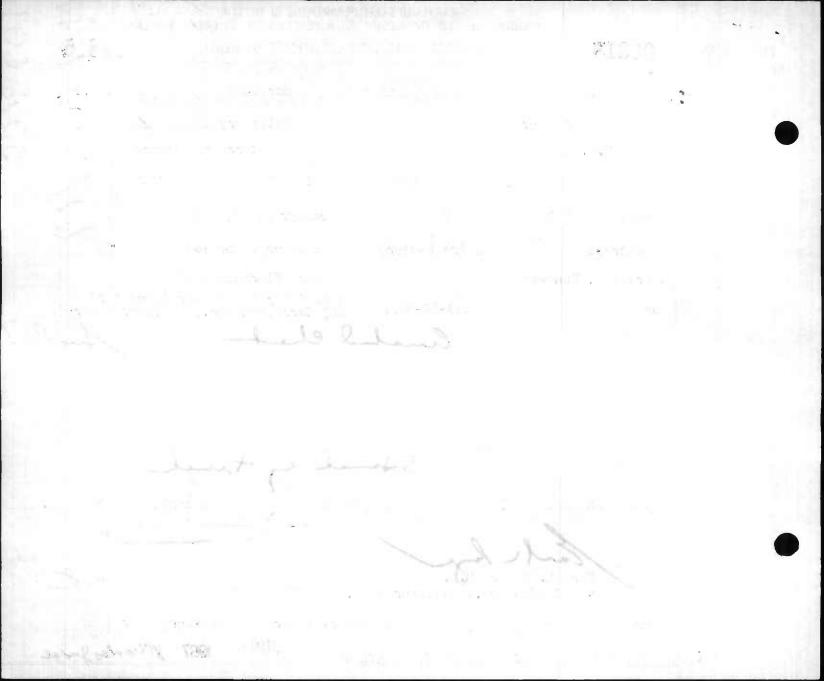
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MARYLAND STATE DEPARTMENT OF HEALTH

4 7		Division of STATISTICAL RESEARCH AND REC	ORDS, 301 W. PRESTON STREET, E	BALTIMORE, MARYLAND 21201
W)	1	088 1 8 CERT	IFICATE OF DEATH	08814
funera 1 and er death	1.	PLACE OF DEATH o. COUNTY Wicomico	2. USUAL RESIDENCE (Where o. STATE Maryland	deceosed lived, if institution: Residence before odmission) b. COUNTY Wilcomico
filled in by the fun- papers. Pages 1 of hip 72 hours after d		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 Days	Salisbury	carparote limits, write RURAL and give nearest town)
lled in Sapers		d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Peninsula General Hosp:	d. STREET ADDRESS ital 419 Dogwood	e. IS RESIDENCE ON A FARM? YES NO
arbop nt, with	3.	NAME OF First Middle DECEASED (Type or print) FRANCIS ELAZAR	12 1/	DATE Manth Day Year DEATH CLUME 17 1967
d camplete mave carb iny event,		SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARR Male White WIDOWED DIVOR	17 70 7005	9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Haurs Min.
the attending physician and campletely filled in by the funeral sit permit. Then please remave carbop papers, Pages 1 and natian, ar remaval, and in any event, within 22 hours after deal	D.	n. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired) Listrict Mgr. Suburban Gas Propane FATHER'S NAME	Co. Wintor, Con 14. MOTHER'S MAIDEN NAME	COUNTRY?
ding phy t. Then remava	15	John Cook WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give wor or dates af service) 442-07-8	Jennie Whit	Address
physician. signed by burial-tran burial, crer		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last. (c)	1. 1 0.11	INTERVAL BETWEEN ONSET AND DEATH
5 5 5 d	SATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	CELATED TO THE TERMINAL DISEASE CONDITIO	N GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\text{NO} \)
to the state of	L CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED. (Enter noture of injury in Port I	or Port II of item 1B.)
the haspi er this certi e detached ate Dept. at	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19 20d. INJURY OCCURRED While at wark at work	20e. PLACE OF INJURY (Home, farm, factary, street, affice bldg., etc.)	20f. (City or town) (County) (State)
may be retained by the has ERAL DIRECTOR: After this ce ir, page 3 shauld be detached be filed with the State Dept.		21. I certify that (I) (this haspital) attended the decease saw the deceased alive on 1907 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Dr. Wilber R. Ellis Jr.		
Page 4 may TO FUNERAL director, po		REMOVAL (Specify) 6-20-1967 Wicomico	Memoriah Park S	3d. LOCATION (City or Town) (County) (Stote) Salisbury, Maryland
VR A15 (4) 20 M 1/66	2	4. FUNERAL DIRECTOR ADDRESS Hill Funeral Home Salisbury, $M_{f a}$ ry	rland 250. REC'D BY F	REGISTRAR 25b. REGISTRAR'S SIGNATURE

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2 .⊆ 峃			15.	WAS DECEASED EVER IN U.S. ARMED FORCES?		AL SECURITY NO.	17. WEORMAN	Patsy I	Mae Coope	er (Maile	hter)	
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ie p	buriol-tronsit motion, or re			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	(0)	mah	LX E	hend			Ju	SEI AND CATH
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e certif should	tilles. 3 shor		MEDICAL	20c. TIME OF INJURY Month, Doy, Year	20d_INJUR	Y OCCURRED > 20	e. PLACE OF INJU			y or town)	(County)	(Stote)
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lease execute director. Poge	Fed Po			21. I certify that I took charge	of the remoin	as described obov	e held on Au	tonsy [X]	Inspection			in my opinio
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SSGI	may be retoined for your FUNERAL DIRECTOR: Poge softh or its designated oge	2		EXPANSIBLE S		lisbury, 1			, city, town, or co-	unty)	June	/ 130
necessary, phe funeral	o FUNERA Health or		23o	BURIAL CREMATION. 23b. DATE THE	REOF 2	3c. NAME OF CEMETER	Y OR CREMATORY	Y	23d. LOCATIO	N (City or Town)	(County) (Stote)
ロー	2 E			Burial June 9,	1967	Wicomico I	Memoria1	Park		buyy, Ma	, ,	
	IMP	(FUNERAL DIRECTOR	. , , ,	ADDRESS		2So., REC'I	BY REGISTRAR	2Sb. REGIS	TRAR'S SIGNATU	
VR	A15ME (5)	1		HOLLOWAY & COMPANY.	CALTOD	IDV MADV	LAND	DATE	19 196	7 RCL	anles &	udal.
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08820 FOR STATE HEALTH DEP

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Health priar to burial, crematian, ar remayal, and in any event within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS. W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08818

KL.	JOC 80 MEDIC	WE EVAMILIATE 2	CENTIFICATE O	DLAIN		OLO
1	1. PLACE OF DEATH		2. USUAL RESIDENCE	Where deceosed lived, if	institution: Residence	before odmission)
X	o. COUNTY Wicomico	MARYLAND	o. STATE Marv	land	O. COUNTY	omico
-	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b		utside corporote limits, wi		
-	write RURAL and give nearest town)	/	Eden		23	. /
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give	AUKNOV	d. STREET ADDRESS		7 0	l e. IS RESIDENCE
	Upper Ferry Road	311001 0001032)	[]	Forme Pon		ON A FARM?
-	3. NAME OF First	Middle	Lost	Ferry Road		
1	DECEASED	middle	DAVIS	OF	Month	Doy Year
11	(1)	ALL MANAGE COL	8. DATE OF BIRTH	9. AGE (In ye	6-23-67 BOTS IF UNDER 1 Y	19 EAR IF UNDER 24 HRS.
	T. IBAKKE	NEVER MARRIED		lost birthe	loy) Months D	Poys Hours Min.
	Male AA WIDOWED K		11-6-1893	13		
	during most of workingslife, even if retired) INDU	OF BUSINESS OR STRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZ	EN OF WHAT
	CHOOKEK	Carl Carl	HILER)C	TIS UTE	OP(+)A	1.5
	13. FATHER'S NAME		14. MOTHER'S MAIDEN)	
	BEN LEE		/	UNKNOU	UN	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)	CIAL SECURITY NO. 17.	INFORMANT	11	Address	
	mo 21	6-16-1115	HERGER	HU	NIER	
	18. CAUSE OF DEATH (Enter only one couse per line for (o)					INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	oronary occl	usion.			onsei and death sudden
	H201 DUE TO				- C. V. T.	
	Conditions, if ony, which gove rise to immediate couse (o),	rteriosclero	tic heart di	sease.		vears
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9	lost. (c)					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1	(0)	19. WAS AUTOPSY PERFORMED?
1	A					YES NO TO
1	200. EXTERNAL CAUSE WAS 20b. DESCR	RIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item	18.)	
3			ACE OF INJURY (Home, form		wn) (Count	y) (Stote)
1	Hour o.m. 19 While of work		tory, street, office bldg., etc.			
	21. I certify that I took charge of the rema		eld an Autonsy	Inspection X	Inquiry X,	and in my opinior
	death resulted frage. Natural causes X		cide , Hamicide	parties and the same of the sa	ed manner	did in my opinion
	D. Commission of the control of the	Action [_], 501	CHIEF MEDICAL		ed manner	
	SIGNATURE POLICE POLICE			ICAL EXAMINER		22. DATE SIGNED
	EXAMMER'S Earl L. Royer M.D.	700		AL EXAMINER X	Trans 26	1067
2	Marrier /7	lisbury. Md.		, city, town, or county)	June 26	6, 1967
		23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City	or Town) (Cr	ounty) (State)
	1000 1 (Specify) 16/27/67	Lucial 11 A.	10 Merinal	A HAI	's obustali	henre Mil
	24. FUNERAL DIRECTOR	ADDRESS	2So. REC'I		Sb. REGISTRAR'S SIGN	NATHRE
1	Booker West Funeral Home,	Salisbury, M.	d. DATU	3 0 1967	Judrica	Judge
1 1				_	11	44

VR A15ME (5) 6M 1/67

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necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral disease. the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Department.

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If

The state of the s

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CERTIFICATE OF DEATH executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) I. PLACE OF DEATH b. COUNTY o. COUNTY Wicomico MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) haur Salisbury e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS campletely filled in carbon pape ent, within 7 YES NO L Peninsula General Hospital Month 4. DATE Dov Year 3. NAME OF Lost DECEASED OF. 20 196 / DEATH (Type or print) eyent. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH SEX 6. COLOR OR RACE **NEVER MARRIED** remave last birthdoy) Months Dovs Hours DIVORCED any and 12. CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 10b. = requires that the death certificate be COUNTRY during most of working life, even if retired) INDUSTRY physician c please ar removal, and Since Hill MU.

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending physpermit. Then I MARKOWA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service signed by the atter burial-transit perm burial, crematian, c INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse as the has been last. 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? Health CERTIFICATION NO certificate for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II af item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH Dept. of detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20f. (City or town) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While ot work ot work TO FUNERAL DIRECTOR: After 21. 1 certify that (1) (this haspital) attended the deceased from. 19 67 ta 19 6 7, and that death accurred at 65% M, fram causes and an the date stated above. directar, page 3 shauld shauld be filed with the saw the deceased alive an 220. SIGNATURE **ATTENDING** 20-DIRECTOR PHYS 22d. ADDRESS Page 4 may k 22c. PHYSICIAN'S 10000 WARSA Denin NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) Buria 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

VR A15 (4) 20 M 1/66

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1.	PLACE OF DEATH a. COUNTY	icomico		MARYLAN	Q STATE		itution: Residence before odmission) OUNTY Derset
	b. CITY OR TOWN (write RURAL on	If autside corparate limit d give nearest tawn) &LISDURY	s, c.	LENGTH OF STAY IN 1		utside corporote limits, write	RURAL ond give nearest town)
		TAL OR INSTITUTION (If no eninsula			d. STREET ADDRESS al Beckford	ATTO	e. IS RESIDENC ON A FARM YES \ NO
3.	NAME OF DECEASED		rst	Middle	Lost	4. DATE M	Nonth Doy Year
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	n. USUAL OCCUPATION ring most of warking	NEGRO N (Give kind of work done		DIVORCED [y & State, ar foreign cauntry)	12. CITIZEN OF WHAT
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_	rayson	Dennis ER IN U.S. ARMED FORCES?	T 16 5001	AL SECURITY NO.	Sarah E.		ddress
		(If yes give wor or dates					cess Anne, Md
		TH WAS CAUSED BY: IMMEDIATE CAUSE	(0)	(b), and (c).)			INTERVAL BETWEE
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deoth.

Page 4 may be retained by the hospital or ottending physicion. 20 M 1/66

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Editor Services	MARY R. L. WILL	mak armskin . T.	and the same of th

MARYLAND STATE DEPARTMENT OF HEALTH
OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MAR

O8823 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

08821

1	N. PLACE OF DEATH a. COUNTY Wicomico MARYIAND					2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE b. COUNTY Life committee					
1	h	W1COM1CO MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b				Maryland Wicomico c. CITY OR TOWN (If dutside carparate limits, write RURAL and give nearest town)					
-	U	write RURAL and	l give nearest tawn) Sourv		21 days	1	Salisbu		, WHIE KUNAL	22.1	
1	d.	. NAME OF HOSPITA	AL OR INSTITUTION (If not i				d. STREET ADDRESS				e IS RESIDENCE ON A FARM?
		Deer's	s Head State	Hospi	tal		719 Moore	e Stree	t		YES NO NO
		IAME OF	First		Middle		Last	4. DATE OF	Manth	Day	
1	(1	Type or print)	Hatti	е	Mae		Dennis	DEATH	June	26	19 67
	S. SE	EX Female	6. COLOR OR RACE Colored	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	님	Nov. 12.	1899 6	ast birthday) N	Months Days	Hours Min.
-			(Give kind of work done	10b. KIN	ND OF BUSINESS OR		11. BIRTHPLACE (County			12. CITIZEN OF	
	during	ng most of working l	life, even if retired)		DUSTRY		Marulan			COUNTRY?	
		FATHER'S NAME	110				14. MOTHER'S MAIDEN			1.0.0.4	
			e Teagle	44.			Lannie Sl	howell	SALE LIST		
	15. (Yes	WAS DECEASED EVEL	R IN U.S. ARMED FORCES? (If yes give war ar dates af s	ervice) 16. S	OCIAL SECURITY NO.	17. 11	NFORMANT		Address		Marie Telling
	(1.63	No	(. les âtre mai di dales di :			Ri	chard Deni	nis 71	9 Moore	st. s	Salis Md
			ATH (Enter anly ane cause			1-11-					ERVAL BETWEEN
		PAKI I. DEAI	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)_Bila	ateral bron	chor	neumonia			010	SET AND DEATH
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		Conditions, if ony, which gave rise to immediate cause (a). (b) Arteriosclerotic cardiovascular disease, lyear Decompensated									
		stating the under	rlying cause DUE IC					De	compensa.	000	
	Ŀ	last.) (c		O DEATH SHE WAS A	TD TC	HE TERMINAL DISCUSS CO.	UDITION OF ITY	AL DADT 3/-3	110	WAS AUTOPSY
2	TION	PART 11. OTHER SI	GNIFICANT CONDITIONS COM	NI RIBUTING T	O DEATH BUT NOT RELAT	IED IO I	HE TERMINAL DISEASE COL	NUTTION GIVEN I	N PAKI I(0)		PERFORMED?
4		20a. ACCIDENT WAS		20b. DES	CRIBE HOW INJURY OCC	URRED.	(Enter nature af injury in	Part I ar Part II	af item 18.)		
	CER	OR CONTRIBUTING									
		20c. TIME OF INJU	JRY Manth, Day, Year				E OF INJURY (Hame, farm		City or tawn)	(Caunty)	(State)
	MEL	Haur `a.n p.n	10	While at wark	Nat While at work	tacto	ary, street, affice bldg., etc.)			
		21. L certif	fy that (1) (this haspi	ital) attend	led the deceased fr	ram_ e	June 5 , i	19 <u>67</u> , ta_	June 26	_, 19_67, th	nat (I) (we) last
		saw the de	eceased olive on J	une 26	5 19.67 , ar	nd that	death occurred at	11: 151 M, 1	rom causes an		
		22a. SIGNATURE	1/1/1/	. 0	0		ATTENDING -	MED.	STAFF	22b. DATE SIGN	
	_	00 011	W. U	Lel.	my,	M.D	PHYS.	DIRECTOR L	PHYS.	6/26/6	1
,		22c. PHYSICIAN'S NAME (Type)		lve, M.	. D. /		Deer's Hea	ad Hosp	ital: Sa	lisbury	. Marylan
/	230	. BURIAL, CREMATIC	ON. 23b. DATE THER	FOF	23c. NAME OF CEMETI	FRY OP			TION (City or Town		
0	230.	REMOVAL (Specify)						isburv		
1	24. FUNERAL DIRECTOR ADDRESS 250, REGISTRAR 250, REGISTRAR SIGNATURE										
)	11	Vita-	F Stores	n+	da li	9	DATE !	3 0 196	of you	ares fo	roge.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept, of Health priar to burial, cremation, ar removal, and in any event, within 72 hours afferdeath. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

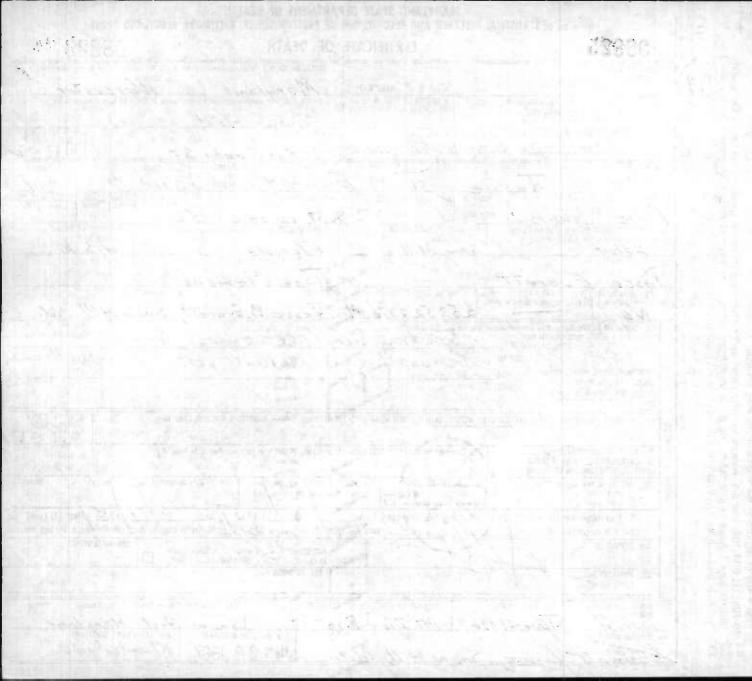
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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND TISTIAL RESIDENCE (Where decreed lived if institution, Residence before edinission) b. COUNTY Wicomico e. COUNTY Wicomico Maryland MARVIAND b. CITY OR TOWN (if outside corporete limits C. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RIIRA) and give nearest town) rector. write RURAL and give nearest town Hrs. Allen Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) A STREET ADDRESS S RESIDENCE ON A FARM? Wicomico Yacht, Club Rt. # YES NO A ould be executed within 24 hours after death. If any in pencil in Item 18. Give Pages 1, 2, and 3 to the fur Office along with form PM3. Page 5 may be retain burial-transit permit. File pages 1 and 2 with the Stann, or removal, and in any event within 72 hours aft NAMEOF 4. DATE Month DECEASED DEATH (Type or print) 19 67 NATHANTET JAMES ELLITOTT 6. COLOR OR RACE B. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED TO NEVER MARRIED lest, birthdey) Months Hours Male 56 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Yacht Club Delaware-Sussex U.S.A. Short Order Cook 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Thomas Elliott Ruth Elliott 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) Mrs. Edna I. Elliott, see sec. 2 No EXAMINER: This certificate should be executed 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c) INTERVAL BETWEEN removal, ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e DUE TO Conditions, if eny, which cremation, "pending" geve rise to immediate cause ertificate, writing the word "pending' ded to the Chief Medical Examiner's SCTOR: Page 3 should be used as a DUE TO (a), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1.19. WAS AUTOPSY CERTIFICATION burial, PERFORMED? NO YES ACCURED. (Enter nature of injury in Pert I or Pert II of item 18.) 20e. EXTERNAL CAUSE WAS 0 PRIMARY FT or CONTRIBUTING prior CAUSE OF DEATH arded to the Chies 20c. TIME OF INJURY 20e, PLACE OF INJURY (Home, ferm. Month, Dey, Yeer 2Dd. INJURY OCCURRED (State fectory ofreet, Office bldg., etc. agent, I While of While DIRECTOR: 21. I certify that I took charge of the remains described aboye, held an Autopsy and in my opinion Inspection or its designated death resulted from: Natural causes Accident V Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER should be for FUNERAL I ACTUAL DATE SIGNED please executed should be for FUNERAL Health or its SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER NAME-(Type) Dr. Earl L. Royer 409 Camden Avers Salisbury Maryland 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22e. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) -1967Wicomico Memorial Park Salisbury, M ryland Burial 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS VR A15ME Hill Funeral Home, Salisbury, Maryland Charles 5M 1/62

on the second 8 IU-0-1 duel see on optional . 1023 State Great . . . Time the good till all today are a fall-don - Let Verner In the Oak Control of the contro Labelle of the Labell ALERT STREET WAS CONTRACTED AND ADDRESS OF THE PARTY OF T

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08825 requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 1. PLACE OF DEATH completely filled in by the funeral ove corbon papers. Pages 1 and a. STATE b. COUNTY a. COUNTY Wicomico MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TDWN (If outside carporote limits, write RURAL and give-nearest town) c. LENGTH OF STAY IN 16 hours Snow IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS Peninsula General Hospital YES NO L hin Middle 3. NAME OF First DECEASED DEATH y event, (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Manths Haurs WIDOWED DIVORCED Sept. 10 1910 ren puo 1. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10a, USUAL OCCUPATION (Give kind of work done ondin COUNTRY? eose during most of working life, even if retired) INDUSTRY attending physicion permit. Then please Labor Saw MOTHER'S MAIDEN NAME 13. FATHER'S NAME signed by the attending physis buriol-transit permit. Then pla burial, cremotion, or removal, 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, or wiknown) (If yes give wor or dotes of service Snow Hill INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line ONSET AND DEATH PART I. DEATH WAS CAUSED BY mehode IMMEDIATE CAUSE (a) Poge 4 may be retained by the hospital or attending physician. Melastases 1621 DUE TO Conditions, if ony, which gove rise to immediate couse (o). DUF TO stating the underlying couse hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to last. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? CERTIFICATION NO TO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20f. (City or town) (Caunty) (Stote) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Doy, Year foctory, street office bldg., etc.) Hour a.m. at work 21. I certify that (I) (this hospital) attended the deceased fram and that death occurred a by M, fram causes and an the dote stoted above. sow the deceased alive and 22b. DATE SIGNED 220. SIGNATURE STAFF ATTENDING DIRECTOR PHYS. M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) € 23d. LOCATION (City or Tawn) (County) (Stote) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION Surial Specify) 2Sh REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Snow Hill Ma 1967

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eyent, within 72 hours after death. Page 4 may be retained by the hospital or attending physician.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after degitimates

08826

CERTIFICATE OF DEATH

08824

1. PLACE OF DEATH 0. COUNTY T.T.2	2. USUAL RESIDENCE (Where deceosed lived, if institution; Resident o. STATE b. COUNTY					
Wicomico MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	Maryland Wi	comico				
write RURAL and give nearest town)		~				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	Salisbury 2	e. IS RESIDENCE				
Deer's Head State Hospital, Salisbury, Md.	405 Naylor St.	ON A FARM?				
3. NAME OF First Middle	Lost 4. DATE Month	Doy Yeor				
DECEASED (Type or print) DELIA MAE (COLLINS:)	Feddern Of June	11 19 67				
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED E	B. DATE OF BIRTH 9. AGE (In years IF UNDER) Norths					
Female White WIDOWED DIVORCED D	March 15, 1890 77 yrs. 2	Doys Hours Min.				
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or foreign country) 12. CIT	IZEN OF WHAT				
during most of working life, even if retired) Owner Operator Apartment House	Gumboro, Delaware USA	UNTRY?				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Noah James Collins	Sarah Margaret Bowden					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) NO	NFORMANT Mrs. Hazel T. Kellam (Niece) 525 Truitt St., Salisbury, Mary	y land				
1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH				
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (0) Bilateral bronch	nopneumonia	2 days				
Conditions, if ony, which gove) (b) Cerebral thrombo	aci o	2				
rise to immediate couse (a)	2512	1 months				
stoting the underlying couse DUE TO						
lost. (c) Arteriosclerosis		Years				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO				
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) N/A	(Enter noture of injury in Port I or Port II of item 1B.)					
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, ary, street, office bldg., etc.) 20f. (City or town) (Cou	inty) (Stote)				
21. I certify that (1) (this hospital) attended the deceased from	6/7 , 1967 pto 6/11 , 196	7, that (I) (we) last				
saw the deceased alive an 6/11 19 67, and that	death accurred at 7:30 M, fram causes and on the	e date stated above.				
220. SIGNATURE	22b. DA	TE SIGNED				
M. Vulliller M.D.	ATTENDING MED. STAFF DIRECTOR PHYS. 2 6/	12/67				
22c. PHYSICIAN'S	22d. ADDRESS					
NAME (Type) L. V. Maldve, M. D.	Deer's Head State Hospital, S	alisbury, Md.				
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C	CREMATORY . 23d. LOCATION (City or Town)	(County) (State)				
REMOVAL (Specify) Burial June 14,1967 Mi.11s.bono Cemetery Inc. Millsboro, Delaware						
24. FUNERAL DIRECTOR ADDRESS 2SQ., REGISTRAR 2SD., REGISTRAR'S SIGNATURE						
HOLLOWAY& COMPANY, SALISBURY, MARYLAND	DATE 14 1961 fillante	Judge				

VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

- 24	,	CENTITICATI	L OI DEATH	58825 /-
de d	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: R	Residence before admission)
funeral funeral fer death		o. COUNTY Wicomico MARYLAND	o. STATE Maryland b. COUNTY	Dorchester
afte ges aft		b. CITY OR TOWN (If outside carporote limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carparote limits, write RURAL or	nd give neorest town)
by the Par		write RURAL and give nearest town) Maryland 40 days	Hurlock	09.2
in ers. 2 h		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
n 24 Illed pap pap iin 7	1	Deer's Head State Hospital	R.F.D.	YES NO
physician. signed by the attending physicial and completely filled in by the funeral burial-transit permit. Then please remave carban papers. Pages 1 and burial, crematian, ar remaval, and in any event, within 72 hours after death	3.	NAME OF JOHN First MILBOURN Middle (Type or print) MXKBOXRNXX XXXX F	Lost 4. DATE Month OF DEATH OF DEATH 6	Doy Year
pple co	S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		UNDER 1 YEAR IF UNDER 24 HRS
xecu move my ev		Male Colored WIDOWED DIVORCED		onths Doys Hours Min.
requires that the death certificate be eg physician. I signed by the attending physician and burial-transit permit. Then please real a burial, crematian, ar remaval, and in a	10c dur	D. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?
cate sicia olea , an	13	Day Laborer Farming FATHER'S NAME	Dorchester Co., Md.	USA
phy en en aval	100	Levin L. Fletcher	Henrietta Johnson	
ing Th	15	WAS DECEASED EVED IN ILS ADMED EDDCESS TA SOCIAL SECUDITY NO. 17	INFORMANT Address	
endi mit. ar r	{Y		Luther L. Fletcher, Hurlock,	Maryland, RFD
he aft per ian,	=			INTERVAL RETWEEN
at the the mail	7	B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (aCarcinoma Rectum W/	Metastases to Perineum & sac	
quires the physician signed by surial-transcript or purial cree	1	15 4 X DUE TO		
nysic gne gne gridl rrial	1	Conditions, if ony, which gove (b)		
be sign		rise to immediate couse (a), stating the underlying couse DUE TO		
trending as been as the prior tal		lost. (c)		
는 o e s t	NOIL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
AN: The old or at icate he care he far use	A S	20o. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED). (Enter noture of injury in Port I or Port II of item 1B.)	YES NO 2
O to the population of the property of the pro	MEDICAL CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (chair holde of many in Fort For Fort in or hear 18.)	
PHYS le has his cer stache Dept.	PICA		ACE OF INJURY (Home, form, 20f. (City or town)	(County) (Stote)
4 - D 0	WE	p.m. 19 of work at work	octory, street, office bldg., etc.)	
d by 1 Affer Affer d be 5		21. I certify that (I) (this haspital) attended the deceased fram_	April 25 , 1967 , to June 4 ,	, 19 <u>67</u> , that (I) (we) lo
OR: aulc aulc		saw the deceased alive an June 4 1967, and the		
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: / director, page 3 shauld shauld be filed with the	1	220 STONATURE H Wycacott M	A.D. PHYS. MED. STAFF 2	6/5/67
May be RAL D		22c. PHYSICIAN'S NAME (Type) Chas. H. Winnacott, M. D.	Deer's Head State Hospita	Md.
SPI 4 m	-			
TO HOSPITAL Page 4 may to FUNERAL Director, page shauld be file	230	o. BURIAL (REMATION, REMOVAL (Specify) June 7 1967 Washington		(County) (Stote)
5-5-1	2	Burrall June 7, 1967 Washington		RAR'S SCHATTIFIE AGE
VR A15 (4) 25M 1/67	1	Krow Maryton /	11IN 0 1967 FCC	arces from
2011 1.00	J	. J. Framotom and Son, Federalshurg Ma	aryland Dally Oliv	V .

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MA	1	08823	CERTIFICATE	OF DEATH		08827
natian, or remaval, and in any event, within 72 hours after death.		COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Where dece o. STATE	eosed lived, if institution: Reside b. COUNTY	comack
ours aft	ŀ	o. CITY OR TOWN (If outside corporate limits, write RURAL and give negres from	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp.)	orote limits, write RURAL and gi	k 83.3
80	(I. NAME OF HOSPITAL OR INSTITUTION (If not Peninsula	in hospitol, give street oddress) General Hospital	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
1111	-	NAME OF DECEASED Type or print) Representation of the print of the pr	GIV Middle	Harris II d. DATI OF DEAT	TH June	Doy Year 6 19 6 7
	F	emale Negro	WIDOWED DIVORCED	June 6, 1967	9. AGE (In yeors IF UNDER lost birthdoy) Months	Doys Hours Min
	duri	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired)	10b. KIND OF BUSINESS OR HOUSTRY	11, BIRTHPLACE (County & State, or		OUNTRY J.S.A.
	13.	FATHER'S NAME RUSSELL DE	ennis	14. MOTHER'S MAIDEN NAME	Harris	
Į,	1S. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of		INFORMANT	Address	
y		1B. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY:	Tuit	3355	m	INTERVAL BETWEEN ONSET AND DEATH
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		rise to immediate couse (0), stating the underlying couse last.	o o)			
3	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION G	IVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFICATION	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or I	Port II of item 1B.)	
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			nital) attended the deceased fram_	t death accurred at		the date stated abave.
		220. SIGNATURE	leis M		C STAFF C	DATE SIGNED
1		22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		
	239	BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THER	67 Messong	o Cem. 11	LOCATION (City or Town) RESSONGE AC	(County) (Stote)
2	24	FUNERAL DIRECTOR	ADDRESS CO.	250. REC'D BY REGI		SIGNATURE

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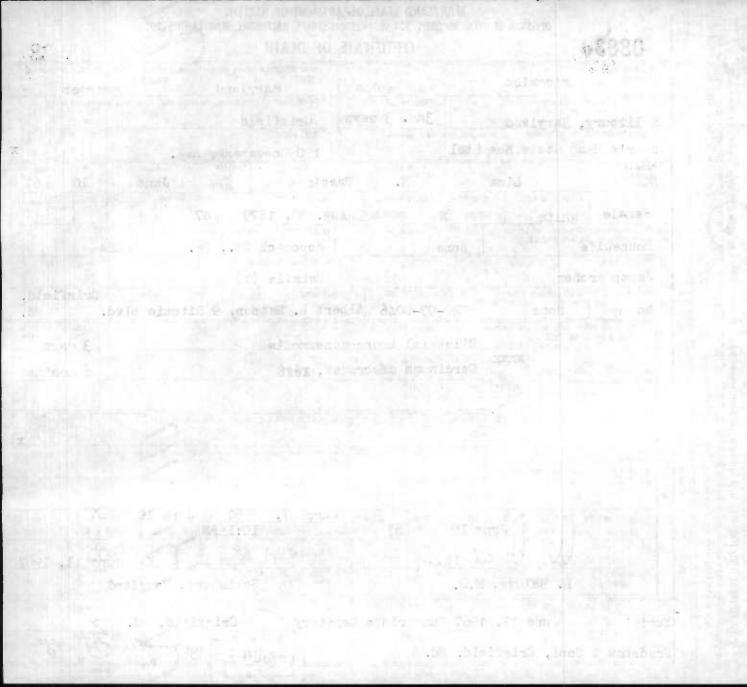
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician approaches filled in by the tuneral director, page 3 should be detached for use as the burial-fransit permit. Then please female carbon pagers. Pages I have should be filed with the State Dept. of Health prior to burial, cremation, or removal, and more event, within 72 hours offer death.	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Poge 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-fron should be filed with the State Dept. of Health prior to burial, cren	-
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VR A15 (4) 25M 1/67

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PLACE OF DEATH O. COUNTY	Wicomic)	MAR	RYLAND	2. USUAL RESIDENCE (V	Where deceosed	lived, if institu b. COU	INTY	nce befor		on)
	(If outside corporate limi	ts,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If ou		imits, write Rl				
	nd give neorest town) y. Maryland		3mo. 3	days	Crisfiel	d		10	7.2		
d. NAME OF HOSPI	TAL OR INSTITUTION (If r	ot in hospitol.	give street oddress)		d. STREET ADDRESS					e. IS RESII ON A F	DENCE
	ead State P				190 Chesa	apeake I	lve.				ARM? NO
3. NAME OF	F	irst	Middle		Lost	4. DATE	Mar	ıth	Doy		
(Type or print)	Li	na	W.	N:	asti.ngs	OF DEATH	Jur	le .	10	19	67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D	8. DATE OF BIRTH	9. A	GE (In years		R 1 YEAR	IF UNDER	
Female	White	WIDOWED	DIVORCE	D A	ug. 30, 187	9 87	pst birthdoy) yrs.	Months	Doys	Haurs	Min.
during most of working flousewij	N (Give kind af wark dand Life, even if retired)	10b. K	IND OF BUSINESS OR IDUSTRY		11. BIRTHPLACE (County of Accomack			12. C	ITIZEN OF OUNTRY?	WHAT	
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME					
James An	rcher				Mahalia (?)					
1S. WAS DECEASED EV	ER IN U.S. ARMED FORCES	16.	SOCIAL SECURITY NO.	17.	NFORMANT		Addi	ress	Cri	sfie	14.
(Yes po, ar unknown)	(If yes give wor or dotes	of convice)	20-03-0046	ATT	ert L. Wats	on QR	itabie	Pl vd			Md.
Canditions, if one rise ta immedia stating the undulest.	te cause (a), erlying cause	(b) Car (t) (c)	ateral br	brea		VIDITION GIVEN I	N PART 1(a)		6 1	MAS AUTO	hs
CATION										PERFORM ES	NO 1
OR CONTRIBUTING	AS UNDERLYING GCAUSE OF DEATH (MEDICAL EXAMINER)	20b. DI	ESCRIBE HOW INJURY (OCCURRED.	(Enter noture of injury in I	Part I ar Port II	of item 1B.)				
Hour o.	.m. 19	While of wor	k la ot wark	foct	CE OF INJURY (Home, form ory, street, office bldg., etc.)		ity or tawn)		ounty)		(Stote)
	21. I certify that (I) (this haspital) attended the deceased fram March 7., 1967, ta June 10, 1967, that (I) (we) last saw the deceased alive on June 10, 1967, and that death accurred a 10:15 MM fram causes and an the date stated abave.										
	220. SIGNATURE W. Lalder M.D. ATTENDING MED. STAFF 22b. DATE SIGNED ATTENDING MED. STAFF June 11, 1967										
22c. PHYSICIAN'S NAME (Type		e, M.D.	•		22d. ADDRESS	alisbur	y, Mar	yland			
23a. BURIAL, CREMATI REMOVAL (Specif			23c. NAME OF CEN				ION (City or To	Md.	(County)		itote)
24. FUNERAL DIRECTO	OR		ADDRESS		2So. REC'D	BY REGISTRAR		EGISTRAR'S	SICHATUR	Luda	2.
Bradshaw &	Sons, Cri	sfield,	Md.		DATE 111	N 1 6 1	967	Mus	Con	0	



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Peninsula General Hospital Tenuick		08831	CERTIFICATE	OF DEATH		08829
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital) give street address) Peninsula General Hospital A STREEL ADDRESS		o. COUNTY Wicomico		O. STATE DEZMU	MRE 6. COUNTY S	USSEX
Peninsula General Hospital Description Peninsula General Hospital Peninsula General Hospital General General Hospital General Hospital General Hospital General Hospital General Hospital General Gene		Salisbury		SELBY		16 3
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INDUSTRY Identified INDUSTRY Identified Industry Identified Identifie	1	nde white w	/IDOWEO DIVORCED	12-27-1895	lost birthdoy) Months Yrs.	Doys Hours Min.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH (Enter only one couse pertine for LOK, (b), and (c).) PART I. DEATH WAS CAUSE OF . IMMEDIATE CAUSE (a) DUE TO Use time from Low and Local Council Conditions, if any, which gave nise to immediate cause (a) DUE TO Use time from Local Council Conditions (c) Use time from Local Council Counci	du	ring most of working life even if retired) ENG.	INDUSTRY	DELAWARE	foreign country) 12. C	OUNTRY?
Conditions, if ony, which gave rise to immediate couse (a) DUE TO		JAMES / IMOTHS	HUDSON	CHARLOTTE	= Hupson	~
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21. I certify that (I) (this haspital) attended the deceased fram 21. I certify that (I) (this haspital) attended the deceased fram 22. SIGNATURE 22. SIGNATURE M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 22. PHYSICIAN'S NAME (Type) 23. BUBRIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. MOVAL (Specify) 6 21-67 ODD FELLOWS CEM. CASHOPULLEE, WOR.	CAL CERTI	OR CONTRIBUTING CAUSE OF CEATH				ounty) (Stote)
saw the deceased alive an first family from causes and an the date structured at 3 from causes and an the date	MED	p.m.	While Not While foctor	, street, office bldg., etc.)	<u> </u>	C That (I) (we) last
Durial 6-21-67 ODDFELOWS CEM BISHOPULLE, WOR.	, (saw the deceased alive an 220. SIGNATURE 22c. PHYSICIAN'S	Luxe 16.18 7, and that	ATTENDING MED. PHYS. DIRECTOR	fram causes and an	the date stated above.
ATT TOTAL PARTY OF THE PARTY OF		10. BUBIAL, CREMATION, 23b. DATE THEREOL DATE THE THEREOL DATE THE THEREOL DATE THE	10100	os cem l	XSHOPULLE	Wor. MA

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death.

Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deuth

VR A15 (4) 20 M 1/66

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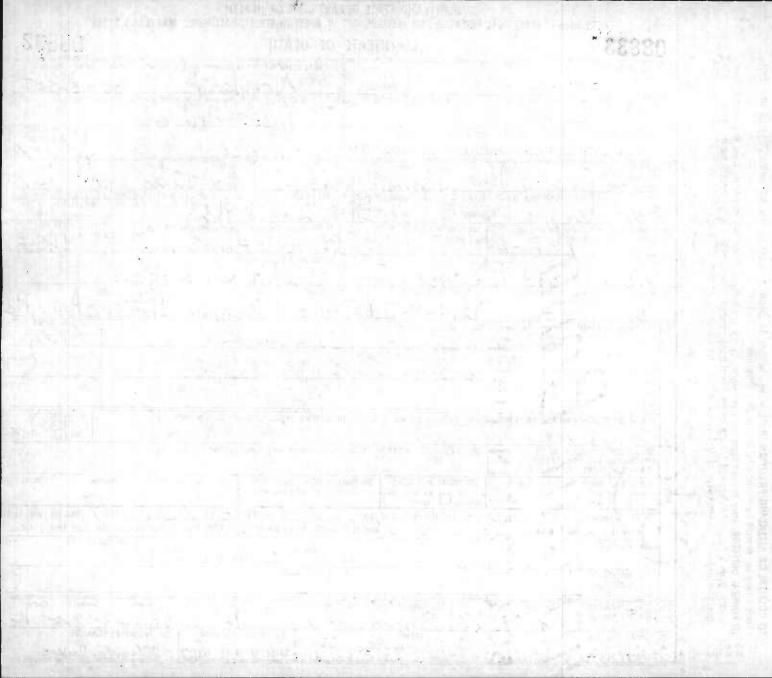
MARYLAND STATE DEPARTMENT OF HEALTH Item #1b & d.Film #2390 7 PRESTON STREET, STREET, BALTIMORE, MARYLAND 21201 FOR STATE HEALTH DEPT If a HELLAL DECIDENCE Milhorn decorred lived if institution necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health priar to burial, crematian, ar removal, and in any event within 72 haurs after death. any delay is This certificate shauld be executed within 24 haurs after death. If TO DEPUTY MEDICAL EXAMINER:

VR A15ME (5) 6M 1/67

11.	o. COUNTY,	o. STATE , b. COUNTY
N.		ARYLAND MARCHAND Wico
-30	b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STA	
	write RURAL and give nearest tawn)	Folon Manualland 2011
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
	d. HARLE OF HOST HAL OK INSTITUTION (IT HOT III HOSPING, give street dudiess)	ON A FARM?
	Rural 6 miles west of Salisbury, M	id. Rt 2 Boy 54 YES X NO [
3.	NAME OF First Middle	Last 4. DATE Manth Doy Year
	(Type or print) (CCI/ KONA/	d JACKSON DEATH 6 15 1967
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MAR	RIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	M NEGRO WIDOWED DIVOR	RCED WANCH ZS-57 last birthday) Manths Days Hours Min.
	a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OF	R 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
dυ	ring most of working life, even if retired) INDUSTRY	Wichon Mico
13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
10	Spotwood Jackson	,) , 1 -
-		EMOGENE POIK
	5. WA\$ DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (es, na, ar unknown) ((If yes give war or dates of service)	- Mich Zur
		EMORENE JACKSON Eden MANIMO
	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ning onset and death
	9 2 17 DUE TO	
	Canditians, if any, which gave) (b)	
	nse ta immediate cause (a),	
	stating the underlying cause Cc)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
NO	TAKE II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	PERFORMED?
3		YES NO X
CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY Ser CONTRIBUTING 20b. DESCRIBE HOW INJUR	Y OCCURRED. (Enter nature of injury in Part I or Rart II of item 18.)
9	CAUSE OF DEATH.	ed estel frommy
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED	2 20e. PLACE OF INJURY (Hame, farm, 20f. (City of tawn) (Caunty). (State)
MEC	20c. TIME OF INJURY Manth, Day, Year Hour ann. 6-15 1967 While at work of work	Mer once Kiner upperform Wec. nd.
	21. I certify that I taak charge of the remains described	
	death resulted fram: Natural causes . Accident	
	dealif lesofied fiditi: Matural causes [1], Accident	
	ACTUAL (1/10,00 a Line).	CHIEF MEDICAL EXAMINER
	SIGNATURE Meeting 2 Technical	M.D. ASSISTANT MEDICAL EXAMINER
	EXAMINER'S DI	DEPUTY MEDICAL EXAMINER A
	NAME (Type) () h I f N - L NS 182	Address (Street, city, tawn, ar county)
23	REMOVAL (Specify)	EMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
	Awrial 6-18-6/ Gilen	
2	24. FUNERAL DIRECTOR ADDRESS	25b. REGISTRAR 25b. REGISTRAR'S SIGNATURE
	There is folder balle.	DATESTIN O O 1007 Ocherles Judge
1	Therette D. Jollie Salve.	Levery Med DATESTINE & and Milanelas Oudel

MARYLAND STATE DEPARTMENT OF HEALTH



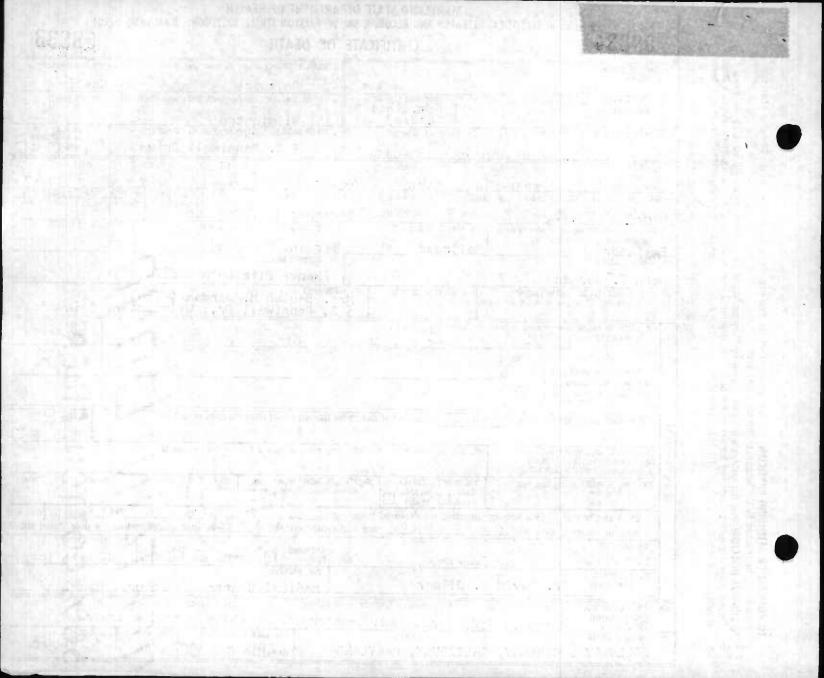
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CERTIFICATE OF DEATH

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		LACE OF DEATH					2. USUAL RESIDENCE (V	Where deceos			before odmission)
1	0	. COUNTY	comico		MARYL	AND	o. STATE De l awa	are	b. coun	New C	ast1e
1	b		If outside corporate limits,		c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If ou		te limits, write RUR	AL ond give	neorest tawn)
			d give neorest town)		Adm. in 6/2/67	ע ו	Wilmir	agton			116 3
1	d		ALOR INSTITUTION (If not	in hospital a	-/-/-/		d. STREET ADDRESS E	daemor	e Gardens	3	e. IS RESIDENCE
	u				1 - 11	7		-	ell Drive		ON A FARM?
-			eninsula G		Al Hospit	al	Lost	4. DATE	Month		Doy Year
4	D	NAME OF DECEASED	First			To		OF	T		-
4	_	Type or print)	FRANK		DAVID		RMAN B. DATE OF BIRTH	DEATH	. AGE (In years	IF UNDER 1	9 4 /
	s. s		10.1	7. MARRIED	NEVER MARRIED				last birthdoy) 68 yrs.		Doys Hours Min.
		1Ale	white	WIDOWED	DIVORCED	⊔ De	ecember 1,			10 (17)	ZEN OF WHAT
		USUAL OCCUPATION na most of working	(Give kind of work done		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County	& State, or to	reign country)	COU	NTRY?
_		9			1road		Berlin, Mai			USA	1
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN				
	J	ohn E. J	arman				Nancy El				
	1S.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. :	SOCIAL SECURITY NO.	17 _M	NFORMANT rs. Beulah I	M. Jar	man Wife	25)	
		No	(If yes give wor or dotes of	service)		5	S. Penniwe	11 Dr.	, Wilmin	gton,	Delaware
1	T		EATH (Enter only one couse	per line for	(o), (b)/ond (c)/		11	- NX	1 1	1	INTERVAL BETWEEN
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		Conditions, if ony					1				
		rise to immediat	e couse (o), (
1		stoting the unde	riving couse	:)						- 30	
1			IGNIFICANT CONDITIONS CO	·	TO DEATH BUT NOT RELA	TED TO	THE TERMINAL DISEASE CO.	NDITION GIVE	N IN PART 1(o)		19. WAS AUTOPSY
2	S	PAKI II. UINEK SI	IGNIFICANT CONDITIONS CO	TRIBUTINO	TO DEATH DOT NOT KEEN	ILD IO	THE TERMINAL DISEASE CO.				PERFORMED?
	CERTIFICATION	OR ACCIDENTIME	C HUDENIYING 🖂	I not no	COURT HOW INTERN OC	CHDDED	(Enter noture of injury in	Port I or Por	t II of item 18 \		1 113 110 &
		20o. ACCIDENT WA	S UNDERLYING L	205. DE			(cuter notate of injury in	roll I of For	i ii oi neili io.)		
		,	MEDICAL EXAMINER)	1 001 11		/A	CE OF MULIDY (III C	1 204	(City or town)	(Cou	nty) (Stote)
	MEDICAL	20c. TIME OF INJ	URY Month, Doy, Yeor m.	20d. II While			CF OF INJURY (Home, form		(City or town)	(600)	(31016)
	Σ	р.	m. 19	of wor	k l ot work l			10	1 - 2	100	7
			ify that (I) (this hasp	ital) atten	ded the deceased t	fram		19 245	a June 5	, 19	
			2000000	june	2 1967,0	ne tha	t death occurred at	1 X AN	K, fram causes		
1		220 SIGNATURE	11 1/10	1			ATTENDING A	MED.	STAFF	1	TE SIGNED
Э		Xav		low	~	M.		DIRECTOR	PHYS. L	Jul	ne 3, 1967
1		22c. PHYSICIAN'S NAME (Type	Du Davi	4 1 0	ilmore		22d. ADDRESS				
		TAAWIE (TYPE	Dr. David	J . G					, Salisb		
f	230	BURIAL, CREMATI		EOF	23c. NAME OF CEME				CATION (City or Tox		(County) (Stote)
		REMOVAL (Specify Burial	June 7,	1967	Gracelawn	Cen	netery		mington,		
	24	. FUNERAL DIRECTO			ADDRESS		2So. REC	D BY REGISTI		GISTRAR'S SI	
		HOLLOWA	Y & COMPANY	, SALI	SBURY, MAR'	YLAN	D DATE JL	JN 6	1967	Mark	es Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physicion ond completely filled in by the director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event within 72 hours often Page 4 may be retained by the haspital or offending physicion. VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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death funeral 1 and 2 er death	a. COUNTY
ithin 24 haurs offer. ly filled in by the furth agrees. Pages 1 withhay 2 hours after	b. CITY OR TOV write RURA Hebr
2 h.s. in h	d. NAME OF HO
filled in by eapers. Print 72 hou	Main
# ₹ # F	3. NAME OF

licomico MARYLAND Maryland NN (If autside carparate limits, c. LENGTH OF STAY IN 1b L and give nearest town) 39 Yrs. Hebron OSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS St., Main St:, First Middle Last campletel (Type or print) TENIZ THE WILLIAM THEODORE please remave carb SFX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED eV. White burial, crematian, ar remaval, and in any WIDOWED DIVORCED Male and 10a, USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR during most af working life, even if retired) INDUSTRY physician Retired Barber
13. FATHER'S NAME Own Shop attending phys permit. Then p Theodore Kibble Jenkins WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes, may of unknown) (If yes give war or dates of service) signed by the attendi burial-transit permit. 218-34-9321 Mrs 1B. CAUSE OF DEATH (Enter only one cause per line for (o), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gave (b) rise ta immediate cause (a). DUE TO stoting the underlying couse directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta this certificate has been lost (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CERTIFICATION 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (E OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d. INJURY OCCURRED 20e. PLACE 20c. TIME OF INJURY Manth, Day, Year Hour a.m. factor Nat While TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram____ and that saw the deceased alive an 22a. SIGNATURE M.D. 22c. PHYSICIAN'S NAME (Type) Dr. S.H. Hurdle 23c. NAME OF CEMETERY OR C 230. BURIAL, CREMATION 23b. DATE THEREOF REMOVAL (Specify) 6-10-1967 Hill Memor Buria

Hill Funeral Home Salisbury, Maryland

ADDRESS

08834 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) Wicomico c. CITY OR TOWN (If autside carparote limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO X

Day

Year

COUNTY

Manth

4. DATE

OF

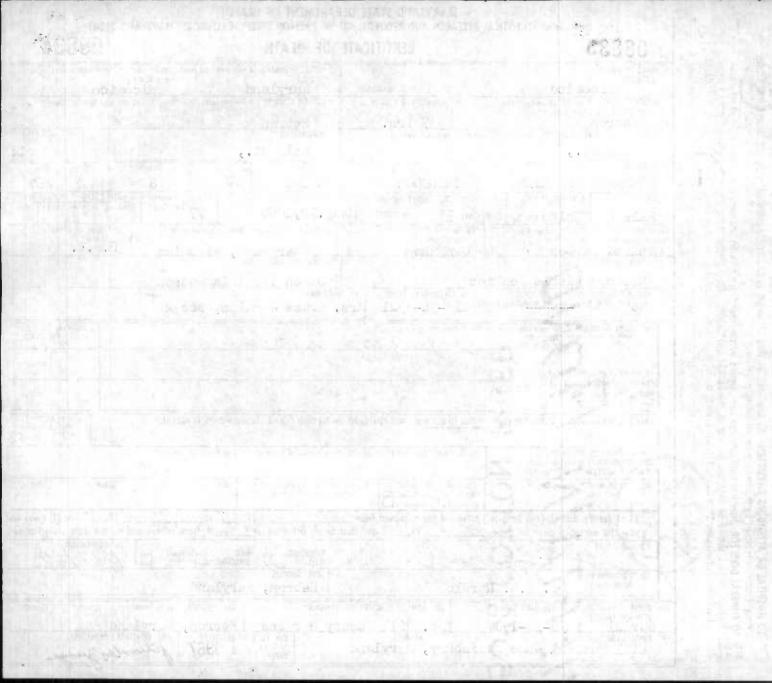
EMITINO	DEAT	H O		8	190	
DATE OF BIRTH		9. AGE (In years	IF UNDER	1 YEAR	IF UNDER	24 HRS.
ig.12,1889		post birthday) yrs.	Manths	Days	Haurs	Min.
11. BIRTHPLACE (County	& State, or	fareign country)		TIZEN OF		
				SA?		
Marylar	nd, V	Vicomico _	U.	D.A.		
14. MOTHER'S MAIDEN N	IAME					
Sarah Vir	ginia	a Watson				
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Grace Jenl	kins,	sec 2				- 30
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IE TERMINAL DISEASE CON	DITION G	IVEN IN PART 1(a)		19.	WAS AUTO PERFORME	
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nter nature of injury in F	Part I ar F	art II of item 18.)			1 1 1	
OF INJURY (Home, farm	, 20f	(City or town)	(Co	unty)	(Stote)
y, street, office bldg., etc.)						
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donth accurred =t	2301	to 6/1				we) last
death accurred at	5 7	M, fram cduses				abave.
ATTENDING CO	MED.	STAFF -	22b. D	ATE SIGN	ED/	- 10
PHYS.	DIRECTOR		190	191	16/	
22d. ADDRESS				1	- /	
Hebron, Maryland						
REMATORY	23d.	LOCATION (City or Tox	wn)	(County)	(S1	tate)
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ry G rdens	BY REGI	oron, M. ry	GISTRAR'S	SIGNATUR	F	_
UUII	14	1967 VCC	arla	(1		
DATE			-7-4	1 Jun	7-	
				0		

VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

O HOSPITAL



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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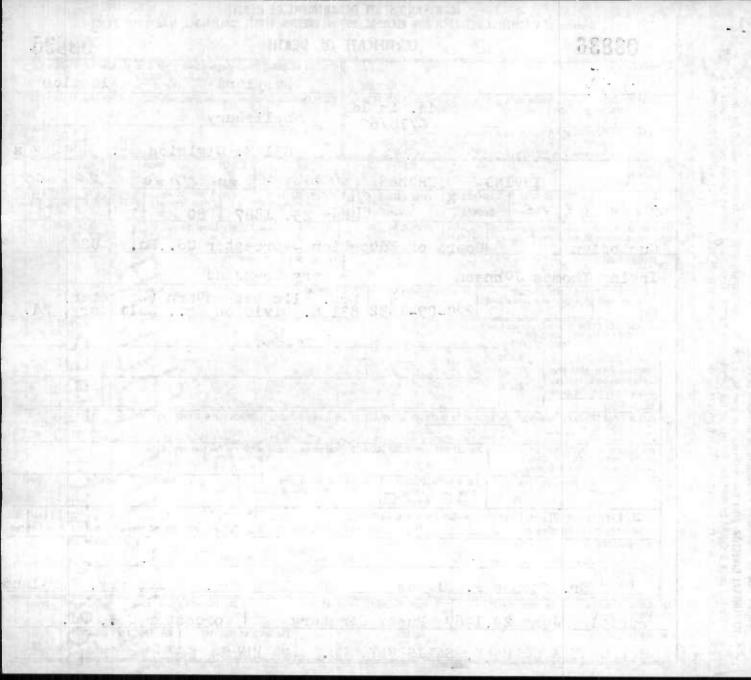
CERTIFICATE OF DEATH

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		PLACE OF DEATH			deceosed lived, if institution: Resider	nce before odmission)
		o. COUNTY	MARYLAND	o. STATE Maryland b. COUNTY Wicomico		
40		h CITY OR TOWN (If outside cornerate limits			corporate limits, write RURAL and giv	
100		 b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) 				0 11001031 1011111
		Salisbury	6/18/67		ury	2.1
80		d. NAME OF HOSPITAL OR INSTITUTION (If not in h	nospitol, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
0		Peninsula Genera	al Hospital	831 S.	Division St.	YES NO S
1		NAME OF First	Middle	Lost 4. D	DATE Month	Doy Year
		DECEASED (Type or print) IRVINO	THOMAS	Johnson &	DEATH JUNE	26 1967
/			MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER	1 YEAR IF UNDER 24 HRS.
	1	80 /		May 25. 1887	lost birthdoy) Months 2 1	
	10o	. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State	e or foreign country) 12. (1	TIZEN OF WHAT
	duri	ing most of working life, even if retired) Custodian	Board of Educat	ton Mances	ten Co Md	USA
rig	13	Custodian FATHER'S NAME	IBOARD OF Educat	14 MOTHER'S MAIDEN NAME	ver co., na,	UDA
	13.			The morning of the control of the co		
		Irving Thomas John	nson	Mary Towns	ena	
	15.	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes of serv	16. SOCIAL SECURITY NO. 17. II	NFORMANI S Elizabet	h Hearn Address	hter)
	(10	NO	16. SOCIAL SECURITY NO. Nr. 220-09-1622 83	RI S. Diwisi	on St. Salis	burv. Md.
		18. CAUSE OF DEATH (Enter only one couse pe	er line, for (o), (b), and (c).)	12.0		INITRAAL BEIMEEN
		PART I. DEATH WAS CAUSED BY:	Congesting Here	A tacker		ONSET AND DEATH
100		443 X DUE TO	Charles House	77 1-00000	to the second second	
			H.A.S.C.U.D.			CAN WELL
		Conditions, if ony, which gave (b)	W. M.S.C. U. P.			
		stoting the underlying couse				
		lost. (c)				
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	IBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION	N GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
2	CERTIFICATION	Partial intentional of	esterction throm	bouchabita s	ulmonacy was	
~	JFIC	20o. ACCIDENT WAS UNDERLYING	205. DESCRIBE HOW INJURY OCCURRED.	Enter noture of injury in Part 1	or Port II of item 18.)	
	CERT	OR CONTRIBUTING CAUSE OF DEATH	N/A			
1		(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor		CE OF INJURY (Home, form,	20f. (City or town) (Co	unty) (Stote)
	MEDICAL	Hour o.m.		ory, street, office bldg., etc.)	201. (CITY OF TOWN) (CO	(31016)
	2	p.m. 19	ot work U ot work U			
		21. I certify that (I) (this hospital saw the deceased alive on	r) attended the deceased fram	, 19	ta, 19_	, that (I) (we) last
-3		saw the deceased alive on keep	ne 26 1967, and that	t death accurred at 🔰 🗦	M, fram causes and an t	he date stated abave.
12.		220 SIGNATURE			STAFF 22b. D	ATE SIGNED
	4	Mornes / Die	ree M.D	D. PHYS. MED. DIREC	TOR PHYS. Ker	U26,1967
		22c. PHYSICIAN'S		22d. ADDRESS		
1,		NAME (Type) Dr. Thomas	P. Bigbee	Maryland A	ve., Salisbur	y, Maryland
/	230	o. BURIAL, CREMATION, 23b. DATE THEREOF		CREMATORY 2	3d. LOCATION (City or Town)	(County) (Stote)
-	200	DEMOVAL (Cassiful)			Worcester Col	
	24	Burial June 29	,1967 Pusey Cen	TECET. A BEC,D BA D	REGISTRAR 2Sb. REGISTRAR'S S	
120	24			230. ALL D B1 K	CONTRACT 230. REGISTRACS	
1140		HOLLOWAY & COMPAN	NY. SALISBURY. N	DATE HIN	28 1967 galia	and some

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fungial director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 find should be filled with the State Dept. of Health priar to burial, crematian, ar remaval, and in any eyent, within 72 haurs after dept

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a. STATE o. COUNTY Wicomico Maryland Wicomico MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparote limits, write RURAL and give nearest town) completely filled in by the b. CITY OR TOWN (If outside corporate limits, executed within 24 hours Salisbury e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) Peninsula General Hospital 205 Brooklyn Ave. YES NO K NAME OF Middle 4. DATE First Last Manth Doy Year DECEASED ONES UNE 1967 0 MARION **EDWARD** (Type or print) any event SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH AGE (In years 7. MARRIED X **NEVER MARRIED** remove last birthday) Days Haurs WIDOWED DIVORCED 1902 physician and 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) the deoth certificate be during most of warking life, even if retired) pleose INDUSTRY **COUNTRY?** Delmar, Delaware

14. MOTHER'S MAIDEN NAME USA Mechanic Automobile 13. FATHER'S NAME removal, en Arthur Edward Jones Martha Elizabeth Hastings 16. SOCIAL SECURITY NO 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Mrs. Edith M. Jones (Wife) Ave., Salisbury, (Yes, no, or unknown) (If yes give wor or dotes of service 214-10-7249 5 No Brooklynn Maryland cremotion, 18. CAUSE OF DEATH (Enter only one couse per line-for (o), (b), and (c)) INTERVAL BETWEEN signed by the buriol-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH requires that IMMEDIATE CAUSE (a) physician. DUE TO Conditions, if ony, which gave rise to immediate cause (a), DUE TO stoting the underlying cause attending the hos been Health prior to last. 00 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO the hospital or O FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) 20c. TIME OF INJURY Month, Day, Year 20f. (County) (State) Haur o.m. foctory, street office bleg., etc.) Nat While at work/ of work ò pe 21. I certify that (I) (this hospital) attended the deceased from be retained should and that death occurred at 300 M, from causes and on the date stated above. saw the deceased alive on 22a SIGNATURE 22b. DATE SIGNED STAFF 3 M.D. PHYS DIRECTOR PHYS. June 10.1967 director, poge should be filed 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Medical Center, Salisbury, Maryland 23b DATE THEREOF 23d. LOCATION (City or Town) 23o. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY (Stote) (County) REMOVAL (Specify)
Burial Wicomico Memorial Park Salisbury, Maryland REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 HOLLOWAY & COMPANY, SALISBURY, MARYLAND

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	0883	8	WED	ICAL EXAMI	INFK,2	CERTIFICATE	OF DEATH		00001
	PLACE OF DEATH					2. USUAL RESIDENCE o. STATE	(Where deceased lived	if institution: Res	idence before admission)
	Wic	omico		MA	RYLAND	Mary	land	W	icomico
	b. CITY OR TOWN (1	If outside corparate limit	s,	c. LENGTH OF STAT	Y IN 1b	c. CITY OR TOWN (If	outside corporate limits	, write RURAL and	give neorest town)
		i sbury				U	sbury		22.1
		AL OR INSTITUTION (If n				d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
_	Pen	insula Gene	eral Ho	spital D.	0.A.	907	E, Church	St.	YES NO X
	NAME OF	F	rst	Middle		Lost	4. DATE	Month	Doy Year
	DECEASED (Type ar print)	RALI		EMERSO	-	LARMORE		JUNE	25 19 67
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARR		B. DATE OF BIRTH	9. AGE (I	rthdoy) 9 Manth	DER 1 YEAR IF UNDER 24 HRS.
-	la le	White	WIDOWED	DIVOR	CED S	eptember 22			
	. USUAL OCCUPATION ng mast af working	(Give kind of work done		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (Stot	e ar foreign country)	12	COUNTRY?
0	ontract	Painter	1"	DOSIKI		Oxford, Ma	aryland		USA
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME		′
E	Thue A.	Larmore				Sarah J.	Harrison		
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	17.	NFORMANT	М 1	Address	
	o la di unknownj	(If yes give wor or dates	21	2-10-6766	9	rs. Geneva 07 E. Churc	th St. Sa	isbury.	Maryland
Ħ		EATH (Enter only one car				of Et offar.	M 0043 00	10,00. / 3	INTERVAL BETWEEN
	PART I. DEAT	TH WAS CAUSED BY:	Co	oronary o	cclusi	on			onser and death sudden
	1121	IMMEDIATE CAUSE	(0)						
	Canditians, if ony,								
	rise to immediat		(b)						
	stating the under	rlying couse							
	lost.	,	(c)						
CERTIFICATION	PART II. OTHER SI	GNIFICANT CONDITIONS (ONTRIBUTING 1	TO DEATH BUT NOT R	RELATED TO 1	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PA	RT 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
FIC	20o. EXTERNAL CA	USE WAS	20b. DE	SCRIBE HOW INJURY	OCCURRED.	(Enter noture of injury in	Part I ar Part II of it	em 18.)	
EE	PRIMARY or COI CAUSE OF DEATH.	NTRIBUTING 🗆				, ,		,	
3		JRY Manth, Doy, Year	204 1	NJURY OCCURRED	20e PLA	CE OF INJURY (Hame, fai	rm. 20f. (City o	r town)	(County) (State)
MEDICAL	Haur o.n	n,	While at work	Not While		ary, street, affice bldg., et		, , , , , , , , , , , , , , , , , , , ,	(county) (state)
	21. I certify	y that I top chara	e of the ren	nains described	above, he	ld an Autopsy	Inspection X	, Inquiry K	, ond in my opinion
	death result			X, Accident		ide . Homicid		nined manner	
		1 +	1	g/		CHIEF MEDICA			
	ACTUAL SIGNATURE	1	MIL	-2-0			DICAL EXAMINER		22. DATE SIGNED
	EXAMINER'S	Earl L. Re	yer, M	. D.			CAL EXAMINER X	Jun	e ²⁶ /1967
	NAME (Type)	409 Camde			. Md	Address (Stre	et, city, town, or count		
230	BURIAL, CREMATIC	ON. 23b. DATE TH	EREOF	23c. NAME OF CE	METERY OR		23d. LOCATION	City ar Town)	(Caunty) (State)
	Burial (Specify	June 2	3,1967	Wicomico	Memo	rial Park	Salisb	ury, Mar	yland
24	FLINERAL DIRECTO			ADDRESS		25a: 10			Was Judge
						DATE		1 1/	(/

DATE

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page arry delay is ith the State Department of haurs after death. AL EXAMINER: This certificate should be executed within 24 hours after death. If Health ar its designated agent, priar ta burial, crematian, ar remaval, and in any event within 72, 5 may be retained far your files. **TO FUNERAL DIRECTOR:** Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 v TO DEPUTY MEDIC

FOR STAR

VR A15ME (5) 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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VR 20

CERTIFICATE OF DEATH

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- IN WITH						00000
death and death		1, 1	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution: Residen	ce before odmission)
funer funer 1 or 1 or ter de		(. COUNTY	444 P.VI 441P	II a STATE & COUNTY	comico
fu fu fer			Wicomico	MARYLAND		
af the		1	. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	neorest town)
nours after by the furs. Pages 1 hours after			Salisbury	25 days	Salisbury	1
h 15.		(. NAME OF HOSPITAL OR INSTITUTION (If not in haspit	tal, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
requires that the death certificate be executed within 24 hours after death 3 physician. signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave (arbon papers. Pages I and a burial, trematian, ar remaval, and in any event, within 72 hours after death	80		Peninsula Gene		715 Spring Avenue	ON A FARM? YES NO X
電(文章			IAME OF First	Middle	Lost 4. DATE Month	Doy Year
campletely nave carbon			PECEASED Type or print) EDNA	CHAUNCEY /	GLATTON DEATH June	5 1967
ate be executed cian and cample ease remave can and in any even		S. S		IED NEVER MARRIED	8 MATÉ OF BIRTH 9. AGE (In years I IF UNDER	
a v e		L	Female WIA.TE WIDOW	VED X DIVORCED	April 10, 1890 last birthday) Months	Days Hours Min.
icate be executersician and camp please remave i, and in any eve		10	Charle	b. KIND OF BUSINESS OR		TIZEN OF WHAT
be a			ng mast af warking life, even if refired)	INDUSTRY		UNIRY?
ian ian ian		2011	Housework	Home	Union City, New Jersey	USA
ica Ssic		13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	- T # 1/4
e death certificate k attending physician vermit. Then please an, ar remaval, and			James J. Chauncey		Mary Ellen (maiden name unkn	own)
ding Fren		15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	TO TO THE PERSON NO.	NFORMANT Address	DESCRIPTION OF THE PERSON OF T
lea mit ar		(Ye	(If yes give war or dates of service)	218-34-9174-0	Mrs. David P. Mikelait, Salis	bury, Md.
that the deatl an. by the attendi transit permit. crematian, ar r			18. CAUSE OF DEATH (Enter only one cause per line	for (a) (b) and (c)		I INTERVAL BETWEEN
the sit			PART I. DEATH WAS CAUSED BY:		rom bosis	ONSET AND DEATH
equires that the physician. Signed by the burial-transit burial, cremat			11 11 9			
icia icia id b id-tr Il-tr			443 X DUE TO	Lungateusius au	1 1 1.	SEATING CHAIN
physicic signed burial-ti burial-ti			Conditions, if any, which gave (b)	4 pentensive	d Hrteriosalerotic	
si bi	201		stating the underlying cause DUE TO	//	16 1 2	
e law re tending is been as the prior ta			last. (c)		HEART DISFOSE	
s b as orio			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
Fs b d at	2	CERTIFICATION				PERFORMED?
rsician: The ospital ar at certificate he hed for use to af Health	1	3	20o. ACCIDENT WAS UNDERLYING □ 20b	DESCRIPT HOW MINDY OCCUPATE	(Enter noture of injury in Port I ar Part II af item 18.)	
	- 1	RI	OR CONTRIBUTING CAUSE OF DEATH	D. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port 1 at Part II at Item 18.)	
S PHYSICIAN: the hospital ar this certificate detached for to e Dept. af Hea			(IF EITHER, NOTIFY MEDICAL EXAMINER)			
PHYS le hos his ce stache Dept.		MEDICAL	and the state of t			unty) (Stote)
de the de t		ME		While Not While fact	ary, street, affice bldg., etc.)	
by the After the be de State			21. 1 certify that (I) (this hospital) at		1/14 10, 1967 to June 5, 196	7 that (1) (-) last
= 0			saw the deceased alive an June		t death accurred at Som M, fram causes and on the	he date stated above
R ATTENI retained ECTOR: A 3 shauld with the			22g. SIGNATURE	in Experience	V/IF	ATE SIGNED
	2.1		220. 31012	Will h	ATTENDING MACO CTACE 1	
ed ed be			DINCIONAL C	They Ali M.	D. PHYS. DIRECTOR PHYS.	Leve 5, 1967
			22c. PHYSICIAŇ'S NAME (Type)			hus MI
SPI 4 m 4 m d b						bury Md.
ect Ne		230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		(County)/ (State)
Page O FUN direct	1		REMOVAL (Specify) Burial June 8, 1967	Dorchester Me		
/	N	24	FLINEDAL DIRECTOR	ADDRESS	2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S S	
VR A15 (4)	1	T.	I Frampion and Son Fr	Aleralshura Mar	Vland DATE IIIN & 1997 Ochon	les Judge

VR A15 (4) 15M 7-62

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased tived, H institution, Residence before edmission)
Wicomico MARYLAND	• STATE Maryland b. COUNTY Wicomico
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Sall Sbury 6. LENGTH OF STAY IN 16 Adm. in 1d	c. CITY OR TOWN (If outside corporete fimits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	Salisbury d. STREET ADDRESS l 15 RESIDENCE
Peninsula General Hospital	177 Ocean City Road YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year
(Type or print) CHARLES HAROLD	LITTLETON DEATH JUNE 28 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED D	66 00 200
Male WITTLE WHOTELD IN TORKED IN TOR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Retired-Carpenter Self-employed	Wicomico County, Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Littleton	Band Morris
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	NFORMANT rs. Mildred E. Littleton (Wife)
	77 Ocean City Road, Salisbury, Maryland
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) My Coudes	Wareting The Day.
4201 DUE TO 1	
Conditions, if eny, which (b)	
gave rise to immediate ceuse	
(e), stating the underlying DUE IO	
[15]	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY
0110	PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO CAUSE OF DEATH TO CAUSE OF DEATH TO THE FITHER, NOTIFY MEDICAL EXAMINER)). (Enter neture of injury in Pert I or Pert II of item 18,)
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA	
Hour e.m. p.m. 19 et work at work	lory, street, office bldg., etc.)
21. 1 certify that (I) (this hospital) attended the deceased from	App. 1969 to Jesse 28, 197, that (I) (we) last
saw the deceased alive on 196, and that	death occurred and 55M, from the causes and on the date stated above.
TS-FSIGNATURE / Son 100	ATTENDING MED. STAFF 22b. DATE
22c, PHYSICIAN'S	A.D. PHYS. DIRECTOR PHYS. June 30/ 1967
NAME (Type) Dr. E. M. Beardsley	207 Maryland Avenue, Salisbury, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. ŁOCATION (City, town or county) (State)
Burial July 1, 1967 Wicomico Memor	
24 FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY, SALISBURY, MARYLAN	ND DATE 258. REGISTRATE REGISTRATES SIGNATULE LAGE

O FOREST Heat Wildred W. Littetleton (Wiles) 177 Occess City Bood, Saliabury, Sal Direction of the state of the s

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

ONRRO

08841	CERTIFICATE	OF DEATH	00030
PLACE OF DEATH Q. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if	institution: Residence before admission) b. COUNTY
Wicomico	MARYLAND	VIRGINIA	HCCOMAC
 CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carparate limits, v	vrite RURAL and give nearest tawn)
Salisbury		CHINCOTE AGUE	83.3
d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	aspital, give street address)	d. STREET ADDRESS	e. IŠ RESIDENČĖ On a FARM?
Peninsula Ger	neral Hospital	KIDGE KORD	YES NO
NAME OF First DECEASED (Type or print) NINVIE	Birch Middle	UNN 4. DATE OF DEATH JUN	Manth Day Year UE 4, 1967
S. SEX 6. COLOR OR RACE 7. M/	ARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In	
emale WHITE WIL	DOWED DIVORCED	4-30-79 87	Yrs.
Da. USUAL OCCUPATION (Give kind of work done uring most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Caunty & State, ar fareign country)	12. CITIZEN OF WHAT COUNTRY? A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Wise Birch		Mariah Andrews	
S. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address
(If yes give war ar dates af service)	(°) 230-01-3945 On	a Harris, Bridgeville,	Delaware
18. CAUSE OF DEATH (Enter only one cause per			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: 1MMEDIATE CAUSE (a)	Hond Jalein		ONSET AND DEATH
H98 X DUE TO			20 3
Conditions, if any, which gave) (b)	Preumone L.	hih.	3 days:
rise to immediate cause (a), Stating the underlying cause			
last. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB		THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
A-sc.	v.D, osleopre	ses, molnutietus.	YES NO
ASC.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I ar Part II af item	18.}
20c. TIME OF INJURY Manth, Day, Year Haur a.m. 19		CE OF INJURY (Hame, farm, 20f. (City ar tary, street, affice bldg., etc.)	tawn) (Caunty) (State)
21. I certify that (1) (this haspital)	attended the deceased fram_	3 June 1967, to 4	
saw the deceased alive an 4	une 1967, and the	it death accurred at 75 M, fram o	auses and an the date stated abar
22a. SIGNATURE	-1	ATTENDING MED. STA	22b. DATE SIGNED
Joseph C. Fit Jen	SQ M	D. PHYS. DIRECTOR L PHY	
22c. PHYSICIAN'S TOSEPH C. Fr.	TZGERALD	22d. ADDRESS Mcleef Center	Solisbury, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (Ci	ty or Town) (County) (State)
Burial June 7.19	767 Thornton Cen	retery (hincote	
24. FUNERAL DIRECTOR	ADDRESS	234 REYD BY RECEDERAR	EN REGISTAR'S RIGHATURE
Salyer tuneral Home, (hi	incoteague, Virgin	via DATE	0 0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbath pepers. Pages 1- and 2 should be filed with the State Dept. at Health priar ta burial, crematian, or remaval, and in any event, within 72 hours after Legath. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

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The minister of	Cuparter	en ferter		
		Vi silqia	(enthances error	Solyer Funeral hares (

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a within 24 hours offer deoth. If any delay is in pencil in Item 18. Give Pages 1, 2, and 3 to

1. PLACE OF DEATH

2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)

Division of STATISTICAL	RESEARCH AN	D RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE,	MARYLAND	21201
08842	MEDICAL E	XAMINER	'S CER	TIFICAT	E OF	DEATH		

o. COUNTY Wi	comico		MARYLAND	0. STATE Mary1	b. (00)	Wicomico
b. CITY OR TOWN	(If outside corporate limited and give nearest town)	ts,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write RU	RAL ond give nearest town)
Sa	lisbury			Pitts	ville	221
d. NAME OF HOSP	ninsula Ger	not in hospital, give	e street oddress)	d. STREET ADDRESS	11	e. IS RESIDENCE ON A FARM?
			<u> </u>	TU AI	11age	YES NO
3. NAME OF DECEASED		irst	Middle	Lost	4. DATE Mon	th Doy Year
(Type or print)		RRY	ISAAC	MIDDLETON	DEATH JUNE	
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		9. AGE (In years lost pirthdoy)	Months Days Hours Min.
Male	White ON (Give kind of work done	WIDOWED _	OF BUSINESS OR	October 16,		12. CITIZEN OF WHAT
	glite, even if retired) Wurser ym				e, Maryland	COUNTRY?
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	
	Thomas Mid			Mariah Ha		
	/ER IN U.S. ARMED FORCES' (If yes give wor or dotes		-32-0150	Miss Edna M Pittsville,	Maryland	er)
18. CAUSE OF I PART I. DE SIGN Conditions, if on rise to immedia stoting the und lost.	y, which gove ote couse (o),	L	(b), ond (c)	PSK	فا	INTERVAL BETWEEN MSET AND DEATH
PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
200. EXTERNAL OF CAUSE OF DEATH.	AUSE WAS ONTRIBUTING [20b. DESCR	PIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Port I or Part II of item 18.)	Kulul
20c. TIME OF IN	JURY Month, Doy, Yeor .m. 622 19	While of work [RY OCCURRED 200:	PLACE OF INJURY (Home, for foctor, street, of A Hidg., etc.	m, 20f. (gly or town)	(County) (Stock
		ge of the remo	ins described abaye	, held an Autapsy [], Suicide [], Homicide	Inspection X, Inqu	giry 🔀, and in my apinian
ACTUAL SIGNATURE	Roll	he		CHIEF MEDICAL M.D. ASSISTANT ME	DICAL EXAMINER	22. DATE SIGNED
EXAMINER'S NAME (Type)		yer M.		DEPUTY MEDIC	AL EXAMINER X	June 23 /1967
23o. BURIAL, CREMAT		AVE. S	alisbury, M	U.	23d. LOCATION (City or To	wn) (County) (State)
REMOVAL (Special Burial			Pittsville			Maryland
24. FUNERAL DIRECT		7.7-1	ADDRESS		D BY REGISTRAR 2Sb. RE	GISTRAR'S SIGNATURE
HOLLOW	KY & COMPAN	Y. SALIS	BURY, MARYL	AND DATELL	N 2 8 1967 2	liarles Judge

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15ME (5)

S may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as o burial-transit permit. File pages land 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within Fig. hours after death.

necessary, please execute the certificote, writing the word "pending" in pencil in Item 18. Give Poges 1, 3 the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office olong with form

AL EXAMINER: This certificate should be executed within 24 hours ofter deoth. If

TO DEPUTY MED.

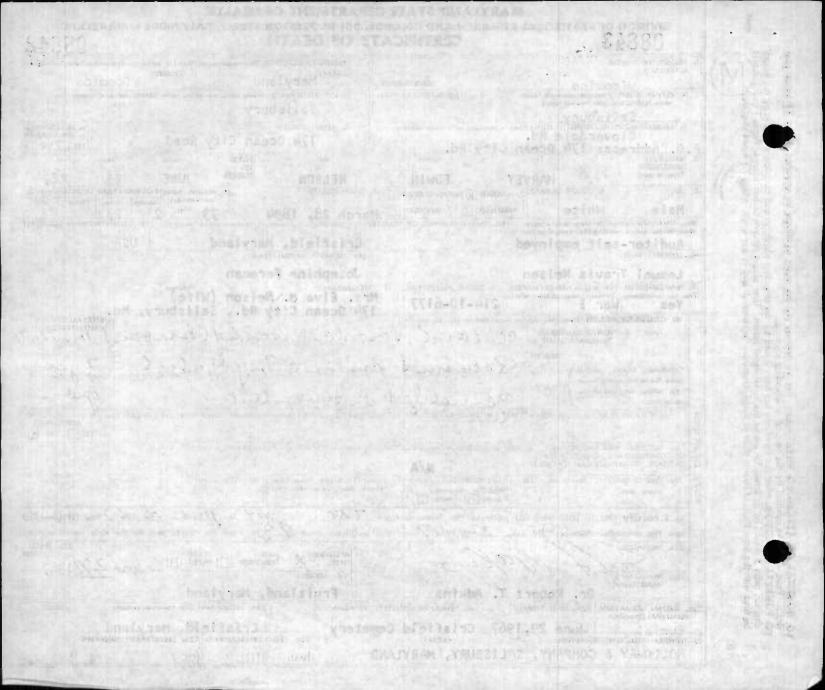
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TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Page 47 be retained by the hospital or attending physician

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Course of the House of the Hous	10	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after	
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	15	5M	7.	6.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ORSELOS OF DEATH 08842

1,	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceesed lived, If institution: Residence before edmission)							
	a. COUNTY MARYLAND	•. STATE Maryland b. COUNTY Wicomico							
-	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)							
	write RURAL and give nearest town)	Salisbury							
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)								
	Cloverdale Rd.	011 4 5 4 9 1 1 2							
P	.O. Address: 174 Ocean City Rd.	174 Ocean City Road							
3.	NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Year							
	(Type or print) HARVEY EDWIN	NELSON DEATH JUNE 25 19 67							
5.		. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.							
	Mala White WIDOWED TO DIVORCED TO	last birthday) Months Deys Hours Min.							
10	a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTR'	larch 20. 1094 - 13 - 2 - 2/							
de	one during most of working life, even if retired)								
12	Auditor-self employed	Crisfield, Maryland USA							
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	Lemuel Travis Nelson	Josephine Foreman							
		NFORMANT Address							
	Vac 1/12r I 21/1 10.6177 ''	Mrs. Elva M. Nelson (Wife)							
-	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	74 Ocean City Rd., Salisbury, Md.							
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Cerebral Vos	cular Acidut (throubosis) in miled							
m	3.3/X DUE TO A A P								
	Conditions, if ony, which 7 (b) Recerrent Basilar outly Lyndrol 2 years								
	geve rise to immediate cause								
	(a), stating the underlying Source last.	o the lesons da							
7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY							
5	PART II. O'IILK SIGNITEANT CONDITIONS GOTTINBOTING TO DEATH BUT NO	PERFORMED?							
3		YES NO X							
CERTIFICATION	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER	. (Enter neture of injury in Part I or Part II of item 18.)							
	IN/A								
MEDICAL		CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)							
ME	p.m. 19 et work at work								
	21. I certify that (I) (this hospital) attended the deceased from	T26, 1964, to June 25, 1967, that (1) (wo) last							
	0 -3 (5	death occurred at 7							
	22e, SIGNATURE	22b, DATE							
100	K'/2 / 1 //HVM	ATTENDING MED. STAFF SIGNED							
	22c, PHYSICIAN'S M.	22d, ADDRESS June							
	NAME (Type)	Facitional Named							
-	Dr. Robert T. Adkins	Fruitland, Maryland							
23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (Stete)							
	Burial June 29,1967 Crisfield Cem	netery Crisfield, Maryland							
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							
1	HOLLOWAY & COMPANY, SALISBURY, MARYLAND	DATE JUN 29 1967 Ocharles Jusque							
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08844

CERTIFICATE OF DEATH

08843

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	Ī.	PLACE OF DEATH o. COUNTY Wicomico MAI	RYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE Maryland b. COUNTY COMICO				
e 8 5		h CITY OR TOWN (If outside corporate limits	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
Pages ours aft		write, RURAL, and give nearest town) 1 Day		Delmar				
rs.	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		d. STREET ADDRESS I e. IS RESIDE	NCE			
n 72	2	Peninsula General Hospital		d. STREET ADDRESS R.F.D. 3 e. IS RESIDE ON A FAR	RM?			
平二 \	3.	NAME OF First Middle	الر	Lost 4. DATE Month Doy Year				
campletely tilled in by the care earban popers. Pag		OFCEASED (Type or print) VICTUR Adolph	N.	JELSON OF DEATH LUNE 29 196	-			
	S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRI		B. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR 1 IF UNDER 2				
remave rany ev	1	MALE WHITE WIDOWED A DIVORCE	ED 🔲 3-	3-25-1885 last birthdoy) Months Doys Hours	Min.			
re	10	o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR		11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT				
an John	du	ring most of working life, even if retired) Retired Preacher		New York, N.Y. Jountry?				
vsici ple l, al		3. FATHER'S NAME	11	14. MOTHER'S MAIDEN NAME				
signed by the attending physician and cc burial-transit permit. Then please rema burial, crematian, ar removal, and in any		Frank Nelson		Ida Johnson				
e H	15	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INF	NFORMANT Address				
mit. ar.		(es, no, or unknown) (If yes give wor or dotes of service)						
atte	-	No 217-54-6154	Mrs.	. Lydia Radecke, M rdela, Md.				
signed by the attendi burial transit permit. burial, crematian, ar ri		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) ⁴ PART I. DEATH WAS CAUSED BY:	0	INTERVAL BETWO				
ans em		IMMEDIATE CAUSE (o)	ama	w no. egg with the	un			
4 ± 2,		192X DUE TO						
signed burial-t burial, c		Conditions, if ony, which gove) (b)			1112			
		rise to immediate couse (a), stating the underlying couse						
CTOR: After this certificate has been should be detached for use as the rith the State Dept. af Health priar to	Т	last. (c)						
as as	7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	ELATED TO THE	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOF	SY			
this certificate has detached for use a Beached for use a Beach af Health pr	CERTIFICATION			PERFORMED YES N	0 2			
or or lea	SE	20o. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY (OCCURRED (Ent	Enter noture of injury in Port I or Port II of item 18.)	<u> </u>			
af f	CERT	OR CONTRIBUTING CAUSE OF DEATH	(211)					
chelche	18	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED	200 PLACE C	E OF INJURY (Home, form, 20f. (City or town) (County) (St	- Labor			
this leto De	MEDICAL	Hour o.m. While Not While		ory, street, office bldg., etc.)	ote)			
After d be d e State	2	p.m. 17 of work — of work						
d b e S		21. I certify that (I) (this hospital) attended the deceased	from_Le	0-28, 196), to 6-28, 1961, that (1) (w	e) lost			
act the			ond that d	death occurred at AM, from couses and on the dote stoted	above.			
P ≈ ±		220. SIGNATURE		ATTENDING STAFF 22b. DATE SIGNED				
e 3 ed \ ed \		Wille & Ells &	M.D.	DIRECTOR LI PHYS. LI 6-29-6	7			
Pag Pag e fil		22c. PHYSICIAN'S NAME (Type) 11117 BED P EII &	IP	MEDICAL CTR. SALISBURY MY				
TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	22	O. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEN	ACTEDY OR CO.	The state of the s	-			
Fire C	23	DEMOVAL (Cassilla)		(510	ite)			
200	-	Burial 7-1-1967 Mardela 4. FUNERAL DIRECTOR ADDRESS	Сеще се	ery Prince as Prince and Prince a				
VR A15 (4)	1		3 1	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				
20 M 1/66	1	Hill Funeral Home Salisbury, Mary	riand	DAJEUL 3 1967 Polisales Judge				

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospital ar attending physician. VR A15 (4 20 M 1/6

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08845 be executed within 24 hours after deoth 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH completely filled in by the funeral b. COUNTY Worcester a. STATE o. COUNTY Wicomico MARYLAND c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 1b b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Ocean City Salisbur hou e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspitol, give street oddress) ve corbon paper event, within 72 1208 Baltimore Ave. NO X Peninsula General Hospital 4. DATE Year 3. NAME OF First Middle Last DECEASED 19 67 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. DAME OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Manths Dovs White Aug. 9, 1908 WIDOWED DIVORCED and in any MALE 12. CITIZEN OF WHAT 11. BIRTHPLACE (Caunty & State, ar foreign country) 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired)
Retired Proprietor **INDUSTRY** lease Gasoline Station Sweden 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME signed by the attending physical burial-tronsit permit. Then plearing of cremotion, or removol, Nordquist Augusta 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. OR ATTENDING PHYSICIAN: The low requires that the death (Yes no, or unknown) (If yes give war ar dotes af service 1-22-0526 Mrs. Edna T. Nordquist (Same as 2 above) INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Poge 4 may be retained by the hospital or ottending physician. DUE-TO Canditians, if ony, which gove rise to immediate couse (o). DUF TO stating the underlying couse be detached for use os the State Dept. of Heolth prior to has been last. WAS AUTOPSY PERFORMED? PART 11. QIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES NO O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City ar tawn) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour a.m. Not While ot work 21. I certify that (I) (this hospital) attended the deceased from , to_ and that death occurred at 4 30 M, fram causes and an the date stated abave. director, page 3 should should be filed with the saw the deceased alive on DATE SIGNED 220. SIGNATURE STAFF PHYS. DIRECTOR M.D. PHYS **ADDRESS** 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, REMOVAL (Specify) New Castle County. 1967 Gracelawn Memorial Park 24. FUNERAL DIRECTOR VR A15 (4) 150004

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DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attendirector, page 3 should be detached for use as the burial-transit permit. Then be filed with the State Dept. of Health prior to burial, cremation, or removal,

MEDICAL

23e.

The law requires that the death certificate be executed within 24 hours after

	DEPARTMENT OF HEALTH 2DS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
08846 Item #8 Film #4390	ATE OF DEATH 08845
1. PLÄCE OF DEATH O. COUNTY WICO MIC-O MARYLA	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) o. STATE b. COUNTY VICONICO
b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)	53/136ary 22.1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle DECEASED (Type or print)	Last 4. DATE Month Dey Year OF DEATH 7 106.7

	7/13	647V	12/1	X F.2	23/	128 QT)		22.1	
	d. NAME OF HOSPITAL	OR INSTITUTION (if not	in hospitel, give stree	t eddress)	d. STREET ADDRESS				. IS RESIDENCE
	Maxine	1503		11 211					ON A FARM?
2	NAME OF								YES NO
3.	DECEASED	First	Mid	Idle	Last	4. DATE	Month	Dey	Year
	(Type or print)	LKCY		0'	BYIZN	DEATH	6	17	1967
5.	SEX 6.	COLOR OR RACE	ARRIED NEVER M	ARRIED 8.	DATE OF BIRTH		(In years fF UNI		IF UNDER 24 HRS.
	-		L	ORCED	6/11/18	95117	yrs. Mont	hs Deys	Hours Min.
10a	b. USUAL OCCUPATION pe during most of working	(Give kind of work	10b. KIND OF BUSINE	S5 OR INDUSTR	Y 11. BIRTHPLACE (Cou	nty & State, or foreign	country) 12.	CITIZEN OF	WHAT COUNTRY?
1	YOUSEWIT		Own H	ome	Wicomic	o Md		U.5	
13.	FATHER'S NAME	11	1		14. MOTHER'S MAIDEN	NAME	A		
	G80498	HZYKI	ngton		1311 Z	tha	Dun:	n	
	WAS DECEASED EVER IN		6. SOCIAL SECUE	RETY NO. 17. I	NFORMANT	4.1	Address		
,,,	No		217-03	3-905.	5 Flua ,	Phippin	,5x11	5647	X.MJ.
	18. CAUSE OF DEAT	'H Enter only one caus	per line for (a), (b),	end (c)()	1-1	1/1	,	INTE	NAL BETWEEN
	PART I. DEATH WA	AS CAUSED BY:	resporte	dest	Inface	from		ONS	AND DEATH
	4201	DUE TO	10000		/				
	Conditions, if any, w	hich) (b)			32776				
	geve rise to immediate o	euse							
	(e), steting the underl	ying DUE TO							
	couse lest.) (c)							
O	PART II. OTHER SIG	NIFICANT CONDITION	CONTRIBUTING TO	DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE COND	TION GIVEN IN	PART 1(a) 19.	PERFORMED?
ATI	- 10 THE							YE	S NO
ERTIFICATION	200. ACCIDENT WAS U	NDERLYING [] 20	b. DESCRIBE HOW IN	IIURY OCCUPRE	D. (Enter neture of injury	in Part I or Part II of it	em 18.)		
ERT	OR CONTRIBUTING	AUSE OF DEATH		Cookki	- (or no.ste of miles)	,,,,			

20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) factory, street, office bldg., etc.) Not While Hour e.m. el work 19 p.m.

certify that (I) (this hospital) deceased from. on

15

23c.

from and that death occurred at

M.D.

NAME OF CEMETERY OR CREMATORY

a, that the causes and on the date stated above. DATE

(County)

PHYSICIAN'S

ATTENDING PHYS. MED. DIRECTOR 224 ADDRESS

STAFF PHYS.

(Stete)

(Stete)

BURIAL, CREMATION, 23b.

REGISTRAR'S SIGNATURE 25e.

LOCATION

VR A15 (4) 20M

ET LEGISTE SELECTION OF THE same of the sa Seel Britan Contract Contract Contract Contract

DIVISION OF VITAL RECORDS, 301-W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2, USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o COUNTY Wicomico Maryland 72 hours after Wicomico MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury 217 days Delmar d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? filled Deer's Head State Hospital Elizabeth Street YES NO T carbon NAME OF 4. DATE 3 Last Month Year campletely DECEASED (Type or print) HID T THE O'NEAL DEATH 19 67 S. SEX DATE OF BIRTH 6. COLOR OR RACE 9. AGE (In years JE LINDER 1 YEAR 1 JE LINDER 24 HRS 7. MARRIED NEVER MARRIED remave lost birthdoy) Months Doys Hours and in any WIDOWED DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? attending physician permit. Then please laword 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remayal 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service 10 crematian. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Bronchopneumonia, right IMMEDIATE CAUSE (o) DUF TO burial, Conditions, if ony, which gove Arteriosclerotic heart disease Years rise to immediate couse (a), DUE TO stoting the underlying couse priar ta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPSY PERFORMED? Intertrochanteric fracture, right YES X NO lar 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour 'o m foctory, street, office bldg., etc.) of work ot work 21. I certify that (1) (the haspital) attended the deceased from November 7, 1966, to June 12 saw the deceased alive on June 12 and that death accurred at 7:00 Am, from causes and an the date stated above. 220 SIGNATURE 22b. DATE SIGNED ATTENDING STAFF

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou þ attending has been OF this certificate be retained by the haspital **DIRECTOR:** After directar, page 3 shauld shauld be filed with the Page 4 may TO FUNERAL

VR A15 (4)

230. BURIAL, EREMATION, REMOVAL (Specify) 24. FUNERAL DIRECTOR

L. V. Maldve, M.

22c. PHYSICIAN'S

NAME (Type)

23c. NAME OF CEMETERY OR CREMATORY

M.D.

22d. ADDRESS

Deer's

23d. LOCATION (City or Town)

(County)

ADDRESS

DEGISTRAR'S SIGNATUR

Head State Hospital, Salisbury,

The tareference court firming

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08848

CERTIFICATE OF DEATH

0002							DISSIZE T
PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased liv		ence before admission)
o. COUNTY	Wicomico		MARYLAND	o. STATE Mar	yland	b. COUNTY W	icomico
b. CITY OR TOWN	(If outside corporate limits,	(c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If or	utside corporote lim	nits, write RURAL and g	give nearest town)
WITE KUKAL OF	nd give nearest town) Salisbury	1	6Mos18Davs	Heb	ron		221
d. NAME OF HOSPI	TAL OR INSTITUTION (If not			d. STREET ADDRESS			e IS RESIDENCE ON A FARM?
	Deer's Head	State I	Hospital	Mai	n St.		YES NO X
3. NAME OF	Firs		Middle	Lost	4. DATE	Month	Doy Year
(Type or print)	Mat	tie	Estelle	Phillips	OF DEATH	June 2h	19 67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH			ER 1 YEAR IF UNDER 24 HRS.
Female	White	WIDOWED X	DIVORCED [July 1, 1886	80	birthdoy) Months Yrs. 11	Doys Hours Min.
Oo. USUAL OCCUPATIO	N (Give kind of work done	10b. KIND	OF BUSINESS OR	11. BIRTHPLACE (County			CITIZEN OF WHAT COUNTRY?
Housewi	fe	INDU.) K7	Wicomico (County, M		JSA
13. FATHER'S NAME		2 100		14. MOTHER'S MAIDEN	NAME		
Thomas	Fleming			Jame Flem	ning Flen	ning	
1S. WAS DECEASED EV	/ER IN U.S. ARMED FORCES?	carvical	CIAL SECURITY NO. 17	Mrs. Margare	t Cordre	v (Daughte	er-in-law)
No.	(ii yes give wor or dotes or	213	-14-6221	Main St., He	bron, Ma	ryland	or in raw,
	DEATH (Enter only one cous	e per line for (o)	, (b), ond (c).)				INTERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (Brone	cho-Pneumoni	2			3-LIVEEKS
491	DUE T	0					
Conditions, if on)()					
stoting the und		0					
last.) (c)					
PART II. OTHER	SIGNIFICANT CONDITIONS CO	NTRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN	PART 1(o)	19. WAS AUTOPSY PERFORMED?
All		The second	Dateur				YES NO
	AS UNDERLYING ☐ G ☐ CAUSE OF DEATH	20b. DESCR	IBE HOW INJURY OCCURRE). (Enter nature of injury in	Port I or Port II of	item 18.)	
(IF EITHER, NOTIF	Y MEDICAL EXAMINER)		N/a				
20c. TIME OF IN	JURY Month, Doy, Yeor	20d. 1NJU While		LACE OF INJURY (Home, for octory, street, office bldg., etc.		y or town) (County) (State)
p	.m. 19	ot work L	ot work		'		
	ify that (I) (this hasp	ital) attended	the deceased fram_	12/7/65	19, to	6/24/67, 19	9, that (I) (we) las
		6/24/67	19, and th	at death accurred at	5:10AM, fro		the date stated above
920. SIGNATURE	100 × H-1		6 2 27	ATTENDING ==	MED.	STAFF -	DATE SIGNED
The substitute	wes it	Um	nacori	N.D. PHYS.	DIRECTOR L	PHYS.	ine 24 /1967
22c. PHYSICIAN' NAME (Type		II William	nacott, M.D.		dC+a+aHa	enital Res	c2018 Salisbu
NA SUBIN CONTAIN							
 BURIAL, CREMAT REMOVAL (Specif 	(v)		23c. NAME OF CEMETERY O			N (City or Town)	
Burial	" June 27	, 1967 10	Quantico Met	hodist Cemet	ery, Quan	tico, Mary	yland
24. FUNERAL DIRECT		V CAI			D BY REGISTRAR	2Sb. REGISTRAR'S	iles judges
HULLUWA	AT & CUMPAN	1, SAL	ISBURY, MARY	LAND DATE	- 0 10	- //	() (

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove tarkon papers. Pages Jennes should be filed with the State Dept. of Health priar to burial, cremation, or remaval, and in only event, within 72 hours offer death Page 4 moy be retained by the hospital or attending physicion.

event,

VR A15 (4) 25M 1/67

director, page 3 should be detached for use os the buriol-tronsit permit. Then please remo should be filed with the State Dept. of Heolth priar to burial, cremotion, or remaval, and in only

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	had we all sales		
		Mary Comments	Marie Carlot

	08843	CERTIFICATE	OF DEATH	08848
	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceose	ed lived, if institution: Residence before admission b. COUNTY
0.	Wicomico	MARYLAND	MARYLAN.	
b.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town)	c. LENGTH OF STAY IN 1b	1. 1	le limits, write RURAL ond give nearest town)
			TRINCESS HUN	
d.	d. NAME OF HOSPITAL OR INSTITUTION (If not in h Peninsula Ge	ospitol, give street address) neral Hospital	d. STREET ADDRESS	e. IS RESII ON A FI YES
	NAME OF First	Middle	O. Lost 4. DATE	Month Doy Yes
	OECEASED (Type or print) Louis	e LUDIA 1	TNKETT DEATH	June 3 196
5. 5	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED 8	_	AGE (In years IF UNDER LYEAR IF UNDE
10	The Mile of the	DOWED DIVORCED	3-9-21	46 yrs.
	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or for	eign country) 12. (ITIZEN OF WHAT COUNTRY?)
	Lamestic	House Work	I'ld.	U, \supset
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1-11-
1.0	Charles IVU	16. SOCIAL SECURITY NO. 17.	HODE V	Mallace
(Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no or ynknown) (If yes give wor or dotes of serv	ico)	OLUT	A A
_	/۷0	219-07-6332 K	by rinkell, Jr.	Princess Hone, I
	18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:	Cardiac Arr	+	ONSET AND E
1	IMMEDIATE CAUSE (o)	Carolac MAL	- 1	
	Conditions, if ony, which gove) (b)	Myocardial	Infarction	1
	rise to immediate couse (a), Stating the underlying couse	0/1		
	lost. (c)_	HRteriosolev	otic Heart	DISEASE
ON	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVE	PERFORM
3	20o. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED.	Enter nature of injury in Part I or Part	VES
ER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	200. DESCRIBE HOW INJURY OCCURRED.	the notice of injury in roll 1 of roll	n or nem to.)
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.		E OF INJURY (Home, form, 20f.	(City or town) (County)
¥	p.m. 19	While Not While at work of work	ory, street, office bldg., etc.)	
I	21. I certify that (I) (this begit		164 27 , 1967, 1	o nene 3, 1967, that (1) (
	2011 1110 00000000000000000000000000000	1967, and that	death accurred at M	, from causes and an the date stated
	220. SIGNATURE	Hill as M.E	ATTENDING MED. DIRECTOR	STAFF D 22b. DATE SIGNED PHYS. D Sugge 3.
1	22c. PHYSICIAN'S NAME (Type)		Pine Blut=	Road Salisbury
1	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	REMATORY 28th LO	CATION (City or Town) (County) (S
230	PORIAL, CREMATION, 200. DATE HICKEOT	ZOC. INMITE OF SEMETER LOR	KEMBIUKI 100 LU	CALIDIA (CITÀ DI MAII) (CODITÀ) / [-

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban, papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours offer account. Page 4 may be retained by the haspital ar attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

R New Church, Va. DATE

1967

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	08850	CERTIFICATE	OF DEATH		08849
	PLACE OF DEATH o. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Where deceos	b. COUNTY Tw	ico.
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Salisbury	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corpaso	1 - /	2.1
L	d. NAME OF HOSPITAL OR INSTITUTION (If not in ho Peninsula Ger		d. STREET ADDRESS 425 W. Ca	OLLEGE AU	e. IS RESIDENCE ON A FARM? YES NO X
		Middle FIRE Point	Last 4. DATE OF DEATH DATE OF BIRTH OF 1894	Month AGE (In years IF UNDER 1 Loss brinday) Months Yrs.	Day Year 2 3 19 7 YEAR IF UNDER 24 HRS. Doys Hours Min.
duri	'USUAL OCCUPATION (Give kind of work done ing most at werking life even if retired). FATHER'S NAME	10b. KIND OF BUSINESS OR CONDUSTRY M' L	11. BTRIHPLACE (County & Syste, or for PENN A. 14. MOTHER'S MAIDEN NAME	reign country) 12. CITI	ZEN OF WHAT NIRY?
	WAS DECEASED EVER IN U.S. ARMED FORCES? ps, no, or unknown) ((If yes give war or dates of service)	1220-32-0089 M	NFORMANT H. POLL	IARD - S	EE #2
	18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Myocardiol :	Inforction tic Heart	Dis Easi	ONSET AND DEATH
ATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVE	N IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFICATION	20a. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Par	t II of item 18.)	
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 19		E OF INJURY (Home, farm, ary, street, office bldg., etc.)	(City or town) (Cou	nty) (Stote)
	21. I certify that (1) (this saw the deceased alive an 22a. SIGNATURE	rattended the deceased fram	death accurred at 450 N	A, fram causes and an th	TE SIGNED
	22c. PHYSICIAN'S NAME (Type) / HOMAS	C. HILL JR.	22d. ADDRESS	ad Solisbu	ne 23, 1967
	BURIAL CREMATION, 23b, DATE THEREOF, COMMANDE PORTS	1967 MT HOLLY	CEM. On	IANCOCK,	(County) (State)
24	1. FUNERAL DIRECTOR	3 ADDRESS	250. REC D BY REGISTI	RAP 25b. REGISTRAR'S SI	BNATURE MARK

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and shauld be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event/within 72 haurs after deat VR A15 (4) 20 M 1/66

145 16 ENTERED W. Thomas Canin L ALBERT FOLLAR WHEN THE RESTRICT Thenny C. Hill SE 2 12 2 112 7 m7 460 1 C

	DIVISION OF VITA	MARYLAND STATE DEI AL RECORDS, 301 W. PREST			RYLAND 21201	
08851		CERTIFICAT	E OF DEAT	TH		0885
PLACE OF DEATH o. COUNTY	Wicomico	MARYLAND		ENCE (Where deced	osed lived, if institution: b. COUNTY	Residence before adm Wicomic
b. CITY OR TOWN (write RURAL one	If outside corporate limits, d give nearest town) Sallsbury	c. LENGTH OF STAY IN 16	11	N (If outside corpor Salisbury	rote limits, write RURAL	ond give neorest town
d. NAME OF HOSPIT	ALOR INSTITUTION (If not in hosp Deer's Head St		d. STREET ADDRE		cilla Stree	e. IS R ON , YES [
NAME OF DECEASED (Type or print)	First PAUL	Middle CRISFIELD	POWELL POWELL	4. DATE OF DEATH	Month 6	Day 16
SEX	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years II	UNDER 1 YEAR IF UN

o. COUNTY	Wicomico	MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if in o. STATE Maryland b.	stitution: Residence before admission) COUNTY Wicomico
b. CITY OR TOWN write RURAL on	(If outside corporate limits, d give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write Salisbury	
	Deer's Head St		d. STREET ADDRESS 404 Priscilla S	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	First PAUL	Middle CRISFIELD	0.5	Month Day Year 6 16 19 67
S. SEX	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In year lost birthdo	ors IF UNDER 1 YEAR IF UNDER 24 HRS.
during most of working Retired	N (Give kind of work done life even if retired) - Custodian	Db. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) R. D., Powellville, Md	12. CITIZEN OF WHAT
13. FATHER'S NAME	D 11		14. MOTHER'S MAIDEN NAME	
Elisha	ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	Laura Burbage	Address
(Yes, na, or unknown)	(If yes give war ar dotes of service)	220-32-2147	rs, Margaret P. Hearne 404 Priscilla Street, S	(Daughter)
	te couse (o),	Ruptured Sigmoid		INTERVAL BETWEEN ONSET AND DEATH 214175
PART II. OTHER S	IGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 140	a) 19. WAS AUTOPSY PERFORMED? YES 🛣 NO
(IE FITHER NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	N/A	(Enter noture of injury in Port I or Port II of item 18	
20c. TIME OF INJ Hour o.	m.	While Nat While fac	CE OF INJURY (Home, farm, lary, street, affice bldg., etc.)	n) (County) (State)
sow the d	eceased alive on June	ttended the deceased fram	May 9 , 19 67 , to June t death occurred at 3:10 PM, fram cau	ses and an the dote stated above.
22g SIGNATURE 22c. PHYSICIAN'S NAME (Type	Moth	U M.	22d. ADDRESS	Mary Land
23o. BURIAL, CREMATIO		23c. NAME OF CEMETERY OR	Deer's Head State Ho	
REMOVAL (Specify	10 10			
24. FUNERAL DIRECTO	OR .	ADDRESS CEMET	So, RECD BY REGISTRAR 251	REGISTRAR'S SIGNATURE
TULLUWAY	& CUMPANT, SAL	ISBURY, MARYLAND	DAIL	(1 ()

HOLLOWAY & COMPANY, SALISBURY, MARYLAND

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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08852

CERTIFICATE OF DEATH

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000			CERTIFICA	IL OI DEATH				000	U.L.
1. PLACE OF DEATH 0. COUNTY	icomico			2. USUAL RESIDENCE o. STATE	E (Where deceased ryland	d lived, if institution b. COUN		e before ad	
			MARYLAND						
b. CITY OR TOWN (write RURAL and Salist	If outside carparate limits, d give nearest tawn) DUTY		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II Risin	-	limits, write RUR	AL and give	a de	wn)
	AL OR INSTITUTION (If not	in haspital, a		d. STREET ADDRESS			01.0		RESIDENCE
	lead State H	, ,						YES	N A FARM?
3. NAME OF	Firs	it	Middle	Last	4. DATE	Manti	1	Oay	Year
(Type or print)	Ris	sie	J.	Ramey	OF DEATH	Jun	e]	19	19 67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In years	IF_UNDER 1		UNDER 24 HRS.
Female	White	WIDOWEO	DIVORCED	, , ,	.901	last hirthday) 5 yrs.	Months		ours Min.
10a. USUAL OCCUPATION during most of warking Housewi	(Give kind af wark dane life even if retired)		nd of Business or Dustry Home	Pike Co.				URYS.	
13. FATHER'S NAME Isaa	c Justice			14. MOTHER'S MAIO	en NAME	aker			
IS. WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war ar dates at	16.	SOCIAL SECURITY NO. 1	7. INFORMANT		Addre	ss		
(Yes, na, or unknawn)	(If yes give war ar dates at	service)	unknown I	Ar. Jake R	lamev	Color	a. M	d.	
PART I. OEAT	EATH (Enter only one cous TH WAS CAUSED BY: IMMEDIATE CAUSE (o) Bron						INTERVA	AL BETWEEN AND OEATH
Conditions, if ony		Cere	ebral vascula	r accident;				1 ye	ear
rise to immediat stoting the under last.	rlying couse DUE		ertensive art	eriosclerot	ic cardi	.ovascula	er	Ye	ears
PART II. OTHER SI	GNIFICANT CONDITIONS CO	INTRIBUTING T	O DEATH BUT NOT RELATED 1	TO THE TERMINAL OISEASE	CONDITION GIVEN	IN PART 1(a)			S AUTOPSY FORMED?
I /IE FITHED NOTIEY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCURRE	ED. (Enter nature af injury	in Part I ar Part	II of item 1B.)		1	
20c. TIME OF INJU-	10	20d. IN While of work	Not While	PLACE OF INJURY (Hame, f factary, street, affice bldg.,		(City ar tawn)	(Coul	nty)	(State)
21. I certification saw the de	fy that (I) (this hosp	ital) attend June I	ded the deceased from 1919_67, and t	10/19 hat death accurred	, 1966 , ta	6/19 fram causes o	, 1957 and on the	_, that e date si	(I) (we) las
220. SIGNATURE	(0 /1)	rtch	ull,MD	M.O. PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DA	TE SIGNED	
22c. PHYSICIAN'S NAME (Type)	A. C. Mito	chell,	м. D.	22d. AODRESS Deer's	Head Hos	pital; S	Salisb	oury,	Md.
230. BURIAL, CREMATIC REMOVAL (Specify	June 2		23c. NAME OF CEMETERY	OR CREMATORY Cemetery		ATION (City or Tov	vn) ((County)	(State) Ky.
24. FUNERAL DIRECTO			ADORESS		EC'D BY REGISTRA		GISTRAR'S SIG		1
44/11/51	11.11/2	N/		Sun Md	1 0 0 404	- mi			

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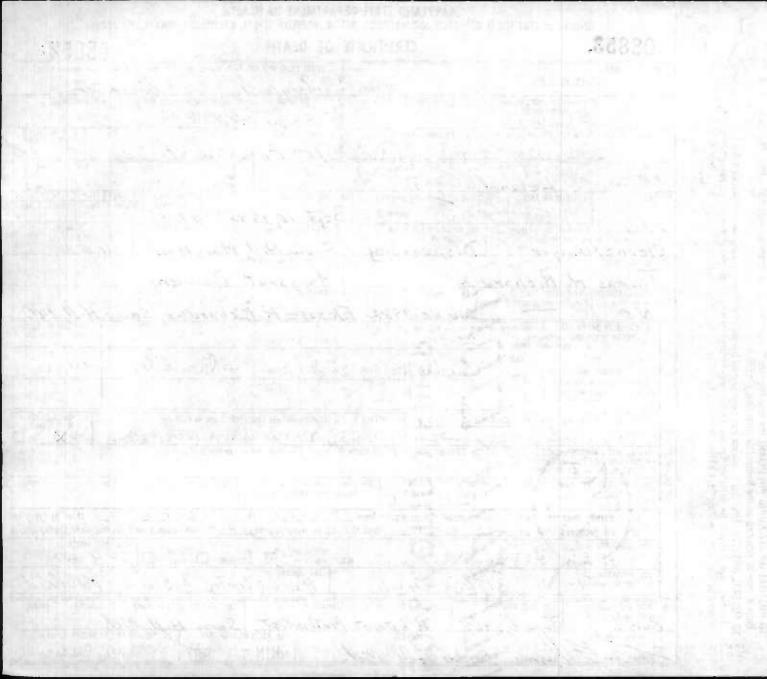
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	08853	CERTIFICATE	OF DEATH	08852
	PLACE OF DEATH o. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Where deceosed o. STATE	lived, if institution: Residence before admission) b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury	c. LENGTH OF STAY IN 16		limits, write RURAL and give nearest tawn)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, gir		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	Peninsula Genera NAME OF DECEASED (Type or print) Peninsula Genera First Leland	Middle	Lost 4. DATE OF DEATH	Month Doy Year June 4 1967
-		NEVER MARRIED 8	. DATE OF BIRTH 9. /	GGE (In yeors ost birthdoy) Months Doys Hours Min.
dur	ring most of working life, even if retired)	D OF BUSINESS OR USTRY	11. BIRTHPLACE (County & Stote, or foreign Size Hill Mar- 14. MOTHER'S MAIDEN NAME	n country) 12. CITIZEN OF WHAT
13.	Thomas H. Richardson		14. MOTHER'S MAIDEN MAME Maryaret Bo	wen
15. (Ye	es, ng, or unknown) (If yes give wor or dotes of service)	the second second	lossie H. Richae	Address USAN Snow Hill Mol.
	1B. CAUSE OF DEATH (Enter only one couse per line for (PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)			INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause	mie pulm. l	mybysen + br	mehitis years.
NOI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO		HE TERMINAL DISEASE CONDITION GIVEN	PERECIPATED 2
CERTIFICATION			Enter noture of injury in Port I or Port II	
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19 20d. INJ While p.m. 19 ct work	Not While of focto	ry, street, office bldg., etc.)	City or town) (County) (Stote)
	21. I certify that (I) (this haspital) attends saw the deceased alive on 6-4-6 220. SIGNATURE	ed the deceased from 2_19, and that	5-//-67 , 19, ta_ death accurred ot // A _ M,	from couses and on the date stated obove
	200 PHOICIANS	M.D	22d. ADDRESS	1 2 2 12 1
02.		ERALD 23c. NAME OF CEMETERY OR C	Medual Conley	Salisbury Maryland
L	o. BURIAL, CREMATION, REMOVAL (Specify) 4. EUNERAL DIRECTOR		Method: ST Sheet 250. LOCA 250. REC'D BY REGISTRAR	TION (City or Town) (County) (Stote) 25b. REGISTRAR'S SIGNATURE
1	TONERAL DIRECTOR	AUDRESS	DALLIN TO 10	1000

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician ond completely filled in by the funeral director, page 3 should be detached for use as the buriol-tronsit permit. Then please remove corbent papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 20 M 1/66

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or ottending physicion.



HEALTH DEPT.

2, and 3 to PM3. Page

Office along with form in Item 18. Give Poges 1,

deloy

24 hours

in pencil

pending

writing the word certificote should

the certificate,

pleose execute

funeral director.

the

MEDICAL EXAMINER:

State Deportment of he any event within 72 hours ofter permit. File pages 1 burial-transit = 0 and SD 3 should be used buriol, cremotion, or removol, may be retained for your FUNERAL DIRECTOR: Poge prior Heolth

should be forworded to the Chief Medical Examiner's

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08854 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Wicomico Maryland Wicomico MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) Whitehaven Whitehaven IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) d. STREET ADDRESS YES NO X 3. NAME OF First Middle Last 4. DATE Month DECEASED OF ROSS WARREN EDGAR 6-27-67 (Type or print) 19 DEATH IF UNDER 24 HRS S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED lost birthdoy) 3-19-1890 White Male WIDOWED DIVORCED 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired)
RETIRED CARPENTER **INDUSTRY** COUNTRY? ORIOLE. MD. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME REBECCA DAVIS ROBERT J. ROSS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) (If yes give war or dates of service) MRS ALVA E. ROSS WHITE HAVEN. MD. NTERVAL/BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUF TO stoting the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INIURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. foctory, street, office bldg., etc.) ot work ot work Inquiry X, 21. I certify that I Kok charge of the remains described above, held an Autopsy Inspection X ond in my opinion deoth resulted from: Natural causes Accident Suicide [Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE L. Royer, DEPUTY MEDICAL EXAMINER June 27, 1967 NAME (Type) 409 Camden Ave., Salisbury, Md. Address (Street, city, fown, or county) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) BURIAL (Specify) 20/1967

ORIOLE. MARYLAND

25o. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

ADDRESS

Wilson Funeral Home, Princess Anne, Md.

VR A15ME (5)

24. FUNERAL DIRECTOR

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth. Poge 4 moy be retained by the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon-papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removol, and in any event, within 72 hours after peats.

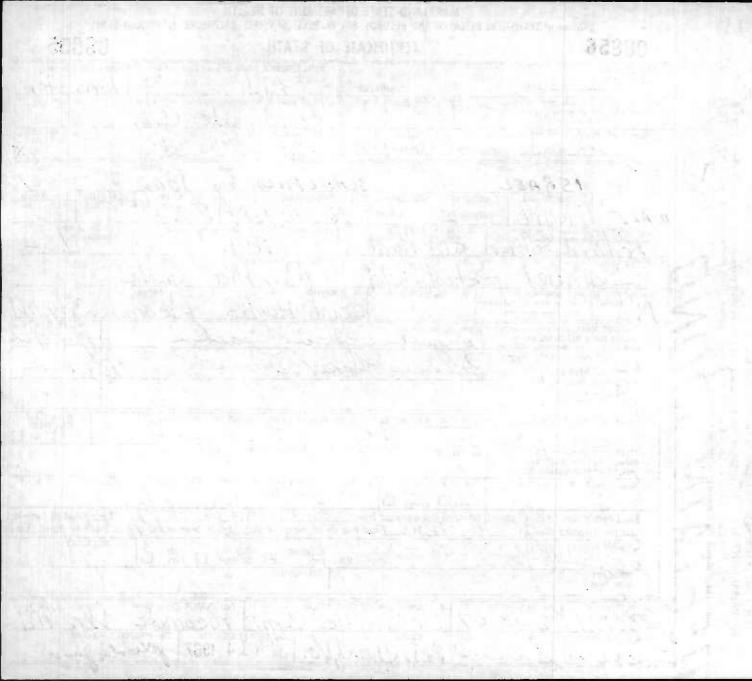
VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212010 8854

	08855	CERTIFICATE	OF DEATH		0.0	300 x
1.	PLACE OF DEATH o. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (a. STATE Mary	Where deceosed lived, if institution b. COUN WIL	an: Residence before	e admissian)
	b. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH DF STAY IN 1b	c. CITY DR TOWN (If ou	utside corparate limits, write RUR	AL and give neares	t town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, or Peninsula General		d. STREET ADDRESS	xx		e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF First DECEASED (Type ar print) William	Middle Ro	utzahn	4. DATE Month OF DEATH UY	Doy	Year 19 6 7
S.	SEX 6. COLOR OR RACE 7. MARRIED Nale WIDOWED	EV.	8. DATE OF BIRTH	9. AGE (In years lost birthdoy) 80 yrs.	IF UNDER 1 YEAR Manths Doys	IF UNDER 24 HRS. Hours Min.
10d du	o. USUÁL OCCUPATION (Give kind af wark dane ring mast of working life, even if retired)	ND OF BUSINESS OR IDUSTRY IMber Mill	Marykand		12. CITIZEN DE COUNTRY?	WHAT
13	FATHER'S NAME Unknown		14. MOTHER'S MAIDEN	Unknown		
IS (Y	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. es, no ar unknown) ((If yes give war or dates af service)		INFORMANT tella Mae	Addres	llands	ERVAL BETWEEN
	18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: HMMEDIATE CAUSE (o) Canditians, if any, which gove rise to immediate cause (o), stating the underlying cause lost. (c)	Besternice L	Jean Je	Dioren	Jan.	SET AND DEATH
CATION	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING 1					WAS AUTOPSY PERFORMED? ES NO
L CERTIFICATION	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I ar Part II af item 1B.)		
MEDICAL	Hour o.m. While p.m. 19 ot war	Not While fact	CE OF INJURY (Hame, farr tary, street, affice bldg. Jetc.	1	(County)	(State)
	21. I certify that (I) (this hospital) attentions to the deceased alive on 22a. SIGNATURE	ded the deceased from19 and tha		19 6 , to		
	22c. PHYSICIANS NAME (Type)	/ M.	D. PHYS. 22d. ADDRESS	MED. STAFF DIRECTOR PHYS.]	EU .
23	o. BURIAL, CREMATION, PENGYAL SEPECTY) 23b. DATE THEREOF 6/7/67	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Tow W111ards	, Md.	
2	4. FUNERAL DIRECTOR A	ADDRESS PA	So. REC	D BY REGISTRAR 25b. REG	GISTRAR'S SIGNATUR	it udge

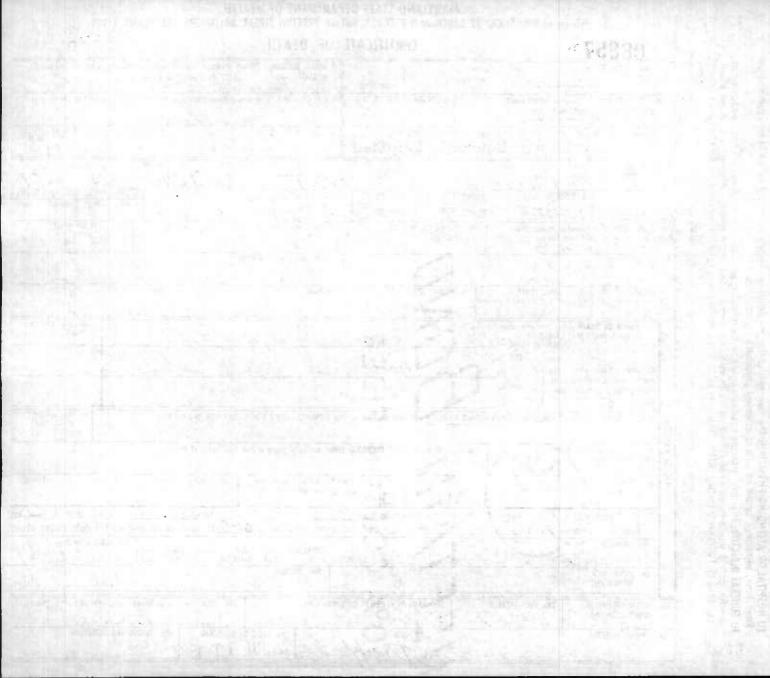
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	A Something the State of	And I have	- 31		
M. Deale			1 (4)		
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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i Min		0	885	7		CERTI	FICATE	OF DEATH			102	87
funeral fond		a. COU	OF DEATH NTY W:	icomico		MAF	RYLAND	o. STATE		TOCOL COUNTY	()	ore odmission)
hours aften by the face. Pages hours after		b. CITY writ	OR TOWN (I	f autside carparate lim give negrest town)	its,	c. LENGTH OF STAY	'IN 1b	c. CITY OR TOWN (If o		nits, write RURAL	and give neare	ist tawn)
filled in the papers.	0	d. NAW		at or institution (if a			ital	d. STREET ADDRESS	D			e. IS RESIDENCE ON A FARM? YES NO
				MIN	First	Middle 7.		SCOTT SCOTT	4. DATE OF DEATH	Manth	Do 2/ F UNDER 1 YEAR	1967
ertificate be executed with physician and campletely nen please remove carbon aval, and in any event, with	V	EMA	LE	6. COLOR OR RACE WHITE (Give kind of wark don		NEVER MARRIE DIVORCE OF BUSINESS OR		DATE OF BIRTH	1-1910	st birthdoy) A	Months Doys	Hours Min.
ician and collease remo	1	during ma	occupation of af warking USE R'S NAME	life, even if retired)		DUSTRY		DELA	WARE	country)	COUNTRY	> n
h certific ling phys Then p remaval,			W	IL MER	J-11-	SLE		14. MOTHER'S MAIDEN MARY	1	ABSETH	Tin	GCE
at the death cer the attending p nsit permit. The matian, ar rema		(Yes, na, o	r unknown)	R IN U.S. ARMED FORCES (If yes give wor or dates	af service) ZZ	OCIAL SECURITY NO.	10	ROLYN N	EWMAN	Address NEW	ARK,	Dez.
that the can. by the attransit per		18. (PART I. DEAT	ATH (Enter only one of H WAS CAUSED BY: IMMEDIATE CAUS	E (a)	(a), (b), and (c).) arcinon	na	of +	he R	REAST		ITERVAL BETWEEN NSET AND DEATH
equi phy sign buri buri		rise t		which gave e cause (a),	(b) wit	h Met	tosta.	sed				
IAN: The law ral or attending icate has been far use as the Health prior to	2	PART 20g	II. OTHER SI	GNIFICANT CONDITIONS		O DEATH BUT NOT RE	ELATED TO TH	HE TERMINAL DISEASE CO	NDITION GIVEN IN	PART 1(a)	19	PERFORMED? YES NO
1 4m / 1 14m	1	OR CO	ONTRIBUTING	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)				Enter nature af injury in				
0 = + 9 e		WED	Haur a.n	n. 19	While at work		factai	E OF INJURY (Hame, far ry, street, office bldg., etc	.)	ty ar town)	(County)	(State)
ATTENDIN stained by CTOR: After shauld be ith the Star		S	aw the d	fy that (1) (this ho eceased alive an		led the deceased 1967,	d fram and that	death accurred a	1967 ta S 16 30 M, fr	am causes an	d an the do	
			PHYSICIAN'S	liomas	C. H	cel Ja	, M.D.	ATTENDING PHYS. 22d_ADDRESS	MED. DIRECTOR	STAFF PHYS.	22b. DATE SIG	. 1
O HOSPITAL OR Page 4 may be r O FUNERAL DIRE director, page 3 shauld be filed w	1		NAME (Type		Urbroe	L DOS MANUE OF COS	METERN OR C	PINE	Bluffk	2001, 8	alishu	ry Md.
Page 4 TO FUN direct shaul		PEM	IAL, CREMATIC OVAL (Specify ERAL DIRECTO	6-2	5-67	23c. NAME OF CEA		3 Cemere	10	ON (City or Tawn) SSUILLE 2Sb. REGIS	TRAR'S SIGNATI	X DEZ.
VR A15 (4) 20 M 1/66		Z4. FUNI	Tale	refor	may	with.	only	Zd WDATE J			Layle.	Uman



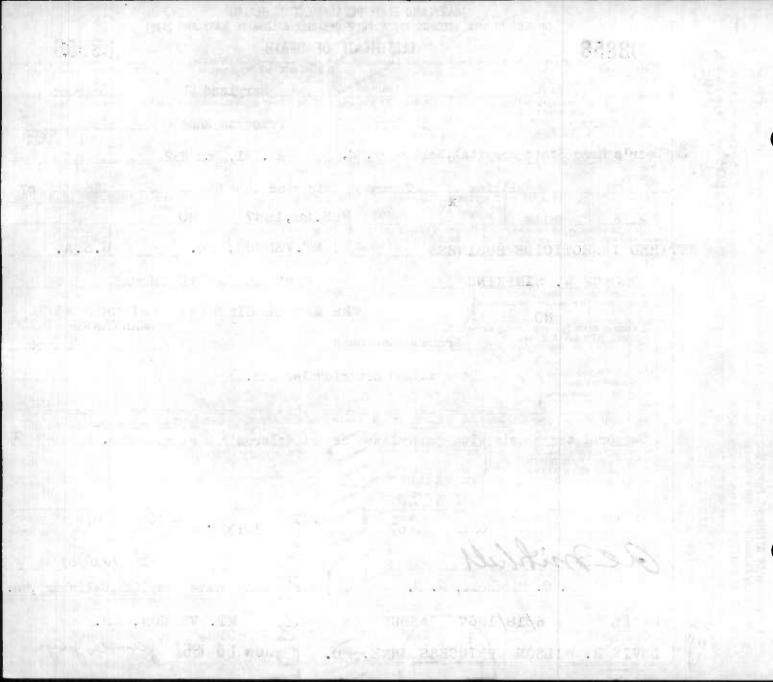
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

within 24 hours after death. sely filled in by the funerel to papels. Pages 1 and 3. the papels. Pages 1 and 3. the within 2 hours after death.	
is death certificate be executed afterding physician and complement. Then please remave conn, ar remaval, and in any even	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funerel director, page 3 should be detached far use as the burial-transit permit. Then please remave carbat pages. Pages 1 and 3 should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event within 2 hours afterdeade.	HOLIAN CONTINUENT
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should shauld be filed with the]

VR A15 (4) 25M 1/67

ORREG

H	08858	CERTIFIC	ATE OF DEATH		98856	
ij	1. PLACE OF DEATH a. COUNTY WICOMICO MARYLAND		o. STATE	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE b. (OUNTY Somerset.		
	b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)			utside corporate limits, write RURA		
	Salisbury 58 Days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		d. STREET ADDRESS	Princess Anne 19-2 d. STREET ADDRESS e. IS RESIDENCE		
1	Deer's Head State Hospital, Salisbury, Md.			#1. Box 252	ON A FARM? YES NO	
	3. NAME OF First	Middle	Last	4. DATE Month	Day Year	
	(Type or print) Will S. SEX 6. COLOR OR RACE 7.		Simpkins 1 8. DATE OF BIRTH	9. AGE (In years	16 19 67 IF UNDER 1 YEAR IF UNDER 24 HRS.	
		MARRIED NEVER MARRIED WIDOWED DIVORCED	FEB. 22, 188	last birthday)	Manths Days Haurs Min.	
	10o. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County	& State, or fareign country)	12. CITIZEN OF WHAT COUNTRY?	
E"	IRED INSECTICIDE BUSINESS 13. FAIHERS NAME			MT. VERNON, MD. U.S.A.		
Н	GEORGE W. SIMPKINS			MARY ELIZABETH THOMAS		
4	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.		17. INFORMANT			
3	(Yes, na, or unknawn) (If yes give wor or dates af service)		MRS MABLEL		INCESS ANNE	
2	IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONT Cerebral thrombosis 20c. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19	Generalized are RIBUTING TO DEATH BUT NOT RELATED With generalized 20b. DESCRIBE HOW INJURY OCCUR	teriosclerosis TO THE TERMINAL DISEASE (O	NDITION GIVEN IN PARTIE PER PARTIE PART Part I ar Part II of item I8.)		
	21. I certify that (I) (this haspital) ottended the deceased from 1/19 , 19 67 to 6/16 , 19 67 that (I) (we) last saw the deceased alive on 6/16 19 67, and that death occurred do:30 M, from causes and an the date stated above. 220 GRATURE 220 GRATURE M.D. ATTENDING MED. DIRECTOR STAFF OF CALL SIGNED 6/16/67 221. I certify that (I) (this haspital) ottended the deceased from 1/19 , 19 67 to 6/16 , 19 67 that (I) (we) last saw the deceased alive on 6/16 , 19 67 that (I) (we) last saw the deceased alive on 6/16 , 19 67 that (I) (we) last saw the deceased alive on 6/16 , 19 67 that (I) (we) last saw the deceased alive on 6/16 , 19 67 that (I) (we) last saw the deceased alive on 6/16 , 19 67 that (I) (we) last saw the deceased alive on 6/16 , 19 67 that (I) (we) last saw the deceased alive on 6/16 , 19 67 that (I) (we) last saw the deceased alive on 6/16 , 19 67 that (I) (we) last saw the deceased alive on 6/16 , 19 67 that (I) (we) last saw the deceased alive on 6/16 , 19 67 that (I) (we) last saw the deceased alive on 6/16 , 19 67 that (I) (we) last saw the deceased alive on 6/16 , 19 67 that (I) (we) last saw the deceased alive on 6/16 , 19 67 that (I) (we) last saw the deceased alive on 6/16 , 19 67 that (I) (we) last saw the deceased alive on 6/16 , 19 67 that (I) (we) last saw the deceased alive on 6/16 , 19 67 that saw the deceased alive on 6/16 , 19 67 that saw the deceased alive on 6/16 , 19 67 that saw the deceased alive on 6/16 , 19 67 that saw the deceased alive on 6/16 , 19 67 that saw the deceased alive on 6/16 , 19 67 that saw the deceased alive on 6/16 , 19 67 that saw the deceased alive on 6/16 , 19 67 that saw the deceased alive on 6/16 , 19 67 that saw the deceased alive on 6/16 , 19 67 that saw the deceased alive on 6/16 , 19 67 that saw the deceased alive on 6/16 , 19 67 that saw the deceased alive on 6/16 , 19 67 that saw the deceased alive on 6/16 , 19 67 that saw the deceased alive on 6/16 , 19 67 that saw the deceased alive on 6/16 , 19 67 that saw the deceased alive on 6/16 , 19 67 that					
/	BURTAL Specify) 6/18/1967 ASBURY CEMETERY MT. VERNON, MD. 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
U	24. FUNERAL DIRECTOR LEVIN R. WILSON	ADDRESS PRINCESS ANNE		N 19 1967 KG	Carles Judge	



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08853

CERTIFICATE OF DEATH

08857

1.	PLACE OF DEATH O. COUNTY		2. USUAL RESIDENCE (Whe	ere deceosed lived, if institution: Resi	idence before odmission)
	Wicomico	MARYLAND	Marvla		Vicomico
	b. CITY OR TOWN (If outside corporate limits, c.	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	de corporate limits, write RURAL and	give neorest town)
	write RURAL and give nearest town) Salisbury		Salisbur	22	-/
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give :	street oddress)	d. STREET ADDRESS	<u>y</u>	e. IS RESIDENCE
1					e. IS RESIDENCE ON A FARM?
			Pocahonta		YES NO
3.	NAME OF DECEASED (Type or print) UNDER WOOD WA	Shing ton	SMILEY	DEATH JUNE	2 19 6 7
2 .	SEX 6. COLOR OR RACE 7. MARRIED D		DATE OF BIRTH		DER 1 YEAR IF UNDER 24 HRS.
	MALE NEGRO WIDOWED		(av 15.1884	lost birthday) Month	
100		OF BUSINESS OR	11. BIRTHPLACE (County & S		. CITIZEN OF WHAT
	ring most of working life, even if retired) INDUST			T	COUNTRYA
12	Labor FATHER'S NAME		Maryland 14. MOTHER'S MAIDEN NAM	ÃC C	7.0.4.
13	. FAIRER 3 NAME		14. MUTHER S MAIDEN NAM	ME	
	George Smiley		Hattie ?	?	
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes of service)	AL SECURITY NO. 17. IN	IFORMANT	Address	
10	No	Ver	nie Smilev	Salisbury Md.	
	18. CAUSE OF DEATH (Enter only one couse per line for (o),				INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	CINOMA	or Lung		ONSET AND DEATH
3 5	163 X DUE TO		1		
9.1	Conditions if any which cave		· ·		
17	rise to immediate couse (a),				
	storing the underlying couse				
	kast. (c)				I 10 WAS AUTODOV
No	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE CONDIT	TION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
F					AE2 NO
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	BE HOW INJURY OCCURRED. (E	inter noture of injury in Port	t I or Port II of item 18.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	Y OCCURRED 20e. PLACE	OF INJURY (Home, form,	20f. (City or fown)	(County) (Stote)
MEDICAL	Hour o.m. While —		ry, street, office bldg., etc.)	201. (City of 10W11)	(Coomy) (Store)
E	p.m. 19 ot work L	ot work	1 1	1- 11-	(1
	21. I certify that (I) (this haspital) attended	the deceased fram	128/ , 196	0/eta 0/2,1	19 <u>60,</u> that (1) (we) last
	saw the deceased alive an 6/2	19 <u>67</u> , and that	death accurred at 4	M, fram causes and or	n the date stated abave.
	220. SIGNATURE		ATTENDING - ME	STAFF 22b	. DATE SIGNED
	X pls //aku	M.D.		ED. STAFF RECTOR PHYS. D	2 June 6/
	22c. PHYSICIAN'S		22d. ADDRESS		1
	NAME (Type)				_
23	o. BURIAL, CREMATION, 23b. DATE THEREOF 2	23c. NAME OF CEMETERY OR C	REMATORY	23d. LOCATION (City or Town)	(County) (State)
25	REMOVAL (Specify)				
2	Burial 6/7/67	Sharptown	2So. REC'D B	Sharptown Y REGISTRAR 25b. REGISTRAR	'S SIGNATURE
1	DOLATION OF DATE	MUNICIS			enles Judge
1 (1	V. VOOL TO INVIET	MOLIA	DATE IIIA	1007 VCL	THE BY WELL

funeral s and 2 death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled inv director, page 3 should be detached for use as the burial-transit permit. Then please remove carban paper. Page 4 may be retained by the haspital ar attending physician.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

OR STATE	08860
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FOR S' O DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 34,hous after death. If uny delay is necessary, please execute the certificate, writing the ward "pending" in pencil in trefy 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page O FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Department of O DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within A necessary, please execute the certificate, writing the ward "pending" in pencil in 5 may be retained far yaur files.

TO DEPUTY MEDICAL EXAMINER:

Health priar ta burial, crematian, ar remaval, and in any event within 72 haurs after death. 2

VR A15ME (5)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08858

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE	E (Where deceosed	lived, if institut b. COU		before odmiss	ion)
	Wicomico		MARYLAND	Mar	yland		Wic	omico	
b. CITY OR TOWN write RURAL or	(If outside corporate limits, and give nearest town) Salisbury		c. LENGTH OF STAY IN 1b		f outside corporote l	imits, write RUI	RAL ond give n	nearest town)	71
	Salisbury				Lisbury		20	21/	
d. NAME OF HOSPI	TAL OR INSTITUTION (If nat		give street oddress)	d. STREET ADDRESS				e. IS RES ON A	
	Johnson's	Lake		Вос	oth St.			YES	NO &
3. NAME OF DECEASED	Firs		Middle	Last	4. DATE OF	Mont		Doy Yo	ear
(Type or print)	ANTH		BOYD	SMITH	DEATH		-1-67	19	
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. A	GE (In years ost birthdoy)	Months D	Ovs Hours	ER 24 HRS
M	AA	WIOOWEO	OIVOR CED	March 13.	1960	Yrs.			
10o. USUAL OCCUPATIOn during most of working	N (Give kind of work done		ND OF BUSINESS OR IDUSTRY	11. BIRTHPLACE (S	tote or foreign count	ry)	12. CITIZ	EN OF WHAT	
None	,,			Mary 1	and		U.S.	A.	
13. FATHER'S NAME				14. MOTHER'S MAID	EN NAME				
Allen S	mith			Juanita	Smith	50			
1S. WAS DECEASED EV	ER IN U.S. ARMED FORCES? (If yes give wor or dotes af	service) 16.	SOCIAL SECURITY NO. 1	7. INFORMANT		Addre	ess		
No	(ii you give wor or do do or or	30.7107	A	llen Smit	h 417 B	ooth S	t. Sa	lis-W	d.
	DEATH (Enter anly one cous	e per line for						INTERVAL BE	ETWEEN
PARI I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (Dr Dr	owning					onset and minut	es
939	DUE T	0					7 - 3		
Conditions, if an		b)							
rise to immedia		0							
last.) (c)							
PART II. OTHER S	IGNIFICANT CONDITIONS CO	NTRIBUTING	TO DEATH BUT NOT RELATED 1	O THE TERMINAL DISEASE	CONDITION GIVEN II	N PART 1(o)		19. WAS AUT	TOPSY
ATIO								YES	NO X
200. EXTERNAL C		20b. DE	SCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury	in Port I or Part II	of item 1B.)	6 10 1		
CUOSE OF SEVILLE	DNIKIBUTING [Found by fath	ner in 12 fe	et of wa	ter.			
20c. TIME OF IN.	JURY Manth, Doy, Yeor		NJURY OCCURRED 20e.	PLACE OF INJURY (Home,	form, 20f. (C	ity or town)	(Count	γ)	(Stote)
Hour o	.m. 6-1-6719	While at wor	Not While It Joh	foctory, street, affice bldg., nnson's Lake	etc) Sal	isbury,	Wicom	ico.	Md.
			noins described obove,	T T T T		-	iry X,	ond in my	nninin
	Ited Im: Noturol			uicide . Homic		termined m	The second second	ona in my	орино
	0	0	, iteladori (a.,	/	CAL EXAMINER]			
ACTUAL SIGNATURE	201	YC	12	M.O. ASSISTANT	MEDICAL EXAMINER			22. DATI	ESIGNE
	Earl L. Roye:	r. M.I			DICAL EXAMINER	X	June 8	, 1967	
NAME (Type)			alisbury, Md	Address (S	rreet, city, rown, or	county)	ourro o	, 2,01	
23a. BURIAL CREMAT	ION. 23b. DATE THER		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCAT	ION (City or To	wn) (C	ounty) ((Stote)
Eurial Specif	y) 6/4/19	967	Green Acr	282	Sali	shury		M	Id.
24. FUNERAL DIRECT		11	con ADDRESS	2So. 1	N RIGISTAR		CISTPAR'S SIG	NATURE	
Clinton	Stewart. Sa		y. Md.	DATE	2011 12	201	Clark	as Judy	pe.

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FOR STATE HEAVTH DEPT. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of

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2, and 3 th

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is

the funeral directar. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page

Health priar to burial, cremation, ar remayal, and in any event within 72 hours after death

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1,

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0886	1	MEDICAL EXAMINER'S	CERTIFICATE C	OF DEATH	08859
PLACE OF DEATH a. COUNTY	Wicomico	MARYLAND	CTATE	(Where deceased lived, if institute b. COU	utian: Residence before admission) UNTY Wicomico
	(If autside carparote limits, and give neorest town) Salisbury	c. LENGTH OF STAY IN 16		utside carparote limits, write Ri isbury	URAL and give nearest town)
d. NAME OF HOSPI	Wheatley's L		d. STREET ADDRESS Whea	atley's Labor	Camp e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First JAME	Middle S LEE SI	lost MITH	4. DATE Moi OF DEATH	6-11-67 Doy Year
s. sex		MARRIED NEVER MARRIED DIVORCED DIVORCED		1946. 9. AGE (In years lost birthdoy) 21 yrs.	Months Doys Haurs Min.
during most of working	N (Give kind of work done life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPYACE (Stote	ned	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	YD S	mith	14. MOTHER'S MAIDEN	MAE	1SHERY
	ER IN U.S. ARMED FORCES? (If yes give wor or dotes af serv		LOYD S	MITH Jr.	Aller MI
	te couse (o),	or line for (o), (b), ond (c).) Bullet wound of l	heart		INTERVAL BETWEEN ONSET AND DEATH MILTIOTEESTH
PART II. OTHER S		IBUTING TO DEATH BUT NOT RELATED TO			19. WAS AUTOPSY PERFORMED? YES \(\begin{array}{ccccc} YES \(\begin{array}{cccccccc} YES \(\begin{array}{ccccc} YES \(\begin{array}{ccccc} YES \(\begin{array}{ccccc} YES \(\begin{array}{ccccc} YES \(\begin{array}{ccccc} YES \(\begin{array}{cccccccccc} YES \(\begin{array}{cccccccccc} YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
200. EXTERNAL CI PRIMAR XX or CO (AUSE OF DEATH. 20c. TIME OF INI Hour X		20b. DESCRIBE HOW INJURY OCCURRED. Shot by wife d			
20c. TIME OF INJ Hour X 11	URY Manth, Day, Yeor m. 6-4-6719	20d. INJURY OCCURRED 20e. PLA While Not While of work of work 1	CE OF INJURY (Home, farm tory, street, office bldg., etc. bor camp	m, 20f. (City or town) Salisbury	(County) (Stote) , Wicomico, Md.
ACTUAL SIGNATURE EXAMMER'S	Carl L. Royer, O9 Camden Ave ON, 23b. Date THEREOF	M.D. M.D. Md.	cide, Hamicide CHIEF MEDICAL M.D. ASSISTANT MED DEPUTY MEDIC Address (Stree	EXAMINER DICAL EXAMINER XAL EXA	22. DATE SIGNET June 8, 1967
	eral Home, Sa	lisbury, Md.	DATÉ	12 1967	Charles Judge

VR A15ME (5) 6M 1/67

West Funeral Home, Salisbury, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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th d	0 2 0	1.	LACE OF DEATH					2. USUAL RESIDENCE	(Where dece			ce before admi	skion)
de	1 and	(. COUNTY	Vicomico		MAD	/LAND	o. STATE Ma	rvla	nd b. COL	Ta.	lbot	
fter	ges L and affection	-				c. LENGTH OF STAY		c. CITY OR TOWN (If)
rs o	by the f Pages ours aft		CITY OR TOWN (If or write RURAL and give Salisbut	re nearest tawn)		2 days		11	rdov			9,7	
hou	s. hou		. NAME OF HOSPITAL O					d. STREET ADDRESS		~	200		SIDENCE FARM?
24	filled in by the papers. Pai			uff Stat				Bo	x 94			YES T	NO X
E.		2	NAME OF	Firs		Middle		Last	4. DAT		1th	Day	Year
×	\$ 9 E		ECEASED Type ar print)		ola			Stanford	OF		ne		9 67
ted	ompletely ve carbon evoat, wit	S.		COLOR OR RACE		NEVER MARRIE	П	8. DATE OF BIRTH	, DEA	9. AGE (In years	IF UNDER	YEAR IFUN	DER 24 HRS.
ecu		F	male	Colored	WIDOWED [June 2, 1	914	last birthday) 53 yrs.	Months	Days Hou	s Min.
ex	cion ond cease remo	100	LISUAL OCCUPATION (GI	ive kind of work done	10b. KIN	ID OF BUSINESS OR		11. BIRTHPLACE (Coun			12. CIT	IZEN OF WHAT	
e po	on constant	duri	ng most af warking life, Housew	even if retired)	IND	DUSTRY		Caroli	ne C	o., Md.	CO	UNTRY?	
icot	sicii plec , or	13.	FATHER'S NAME	LIC				14. MOTHER'S MAIDE		011			5.0
ill.	anding phy nit. Then or or removol		Milton	Bahas				Gertru	de V	oung			
h ce	em Th	15.	WAS DECEASED EVER IN	U.S. ARMED FORCES?	16. 5	OCIAL SECURITY NO.	17.	INFORMANT ROC	orde	of Pi	ress Bla	ıff	
leat	attendir permit. ion, or re	(Ye	s, na, ar unknawn) (If	yes give wor or dates of	service)	nknown	47			ospital	0 210	CLL	
requires that the death certificate be executed within 24 hours after death				H (Enter only ane caus				200		0001101		INTERVAL	BETWEEN
# #	pnysklan. signed by the burial-transit p burial, crematii		PART I. DEATH V	WAS CAUSED BY:	Pu	lmonary	Tuk	erculosi	S			onset an union	D DEATH
# 5	by tran crer		0021	DUE .									
ires	signed burial-th buriol, c		Conditions, if ony, wh	nich gave	(b)								
redu			rise to immediate co	na cause DUE	то								
3 :	s been as the prior to		lost.)	(c)								
e lo	os b as as pric	z	PART II. OTHER SIGNI	FICANT CONDITIONS CO	ONTRIBUTING TO	O DEATH BUT NOT RE	LATED TO	THE TERMINAL DISEASE (ONDITION G	IVEN IN PART 1(a)		19. WAS A	UTOPSY RMED?
上	icate ho for use Health p	ATIO									200	YES _	NO _
ATTENDING PHYSICIAN: The	ficate hos for use a for health pr	CERTIFICATION	20o. ACCIDENT WAS UN OR CONTRIBUTING	NDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY O	CCURRED.	(Enter noture of injury	n Part I ar	Part II af item 18.)			
SIC	certificertificertification		(IF EITHER, NOTIFY MEI	DICAL EXAMINER)							- 10		(6)
PH	by me nospirol frer this certifice be detoched foi Stote Dept. of He	MEDICAL	20c. TIME OF INJURY Hour o.m.	Month, Day, Year	20d. IN While	JURY OCCURRED	20e. PL/	ACE OF INJURY (Hame, fo tory, street, office bldg., e	rm, 20	f. (City or town)	· (Ca	unty)	(Stote)
9	ter the de de tote	×	p.m.	19	at wark								
			21. I certify	that (*) (this has	pital) attend	led the deceased	fram_	June 1	196.7	, to_June	3, 196	7, that s) (we) la
E.	TOR: /	П		ased alive an J	une_3	19_67,	and the	at death accurred	09:15	JM, fram causes	and an f	he date sta	ted abav
A	be reformed DIRECTOR: A Je 3 should ed with the		220. SIGNATURE	8 10 D	20			ATTENDING	MED.	STAFF PHYS.	7 220. 0	ALE SIGNED	
8	y be oge 3		22c. PHYSICIAN'S	27010	ceru	440	M	.D. PHYS. L	DIRECTO	R 🔀 PHYS. L			-
ITAL	0 A 0 0		NAME (Type)	E. P. R	itchi	ngs, M.D.	, Su	pt. Pine	Bluf	f State	Hos	oital	
SPI	FUNER director, should b	23/	BURIAL, CREMATION,			23c. NAME OF CEN				LOCATION (City or 1		(Caunty)	(State)
H	Short C	250	REMOVAL (Specify)		1967	- 1 .	ARL			ASTON	Name of the last o	-Bot	IVID
7	E M	24	FUNERAL DIRECTOR	0 1	,	ADDRESS	, , , ,	2Sa. RI	C'D BY REG	ISTRAR 2Sb.	REGISTRAR'S S	SIGNATURE	100
			6 3 1										

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	08863	CERTIFICATE	OF DEATH	U8561.
	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased live	ed, if institution: Residence before admission)
(o. COUNTY Wicomico	MARYLAND	O. STATE ARYLAND	b. COUNTY Wicomico
t	o. CITY OR TOWN (If outside corporate limits,	Adm. in I d	c. CITY OR TOWN (If outside corporate limit	
	write RURAL and give negrest town)	5/24/67	SALISBARY	22.1
(. NAME OF HOSPITAL OR INSTITUTION (If not in I		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	Peninsula Ge	eneral Hospital	234 MAPLE U	VES NO N
(NAME OF DECEASED Type or print) WILLIAM	HENRY WA	RRINGTON OF DEATH J	UNE 14, Day Year 1967
5. 5	010 1111 000	The state of the s	8. DATE OF BIRTH 12-25-1900 9. AGE 12-66	(In years birthday) Months Days Hours Min.
10o.	USUAL OCCUPATION (Give kind of work dane	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign of	ountry) 12. CITIZEN OF WHAT
R	namest of working life, even if retired) Stired - Mechanic	Automobile	Delaware	COUNTRY?
13.	FATHER'S NAME	1:37-37-37-37-37-37-37-37-37-37-37-37-37-3	14. MOTHER'S MAIDEN NAME	
	William H. Warrington		Annie Robinson	
1S. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? Ina, or unknown) (If yes give war or dates of serv	16. SOCIAL SECURITY NO. 17. A	NEORMAN Lillian B. Warr 2.0. Box 234, Maplew	ing ton (Wife) ay, Salisbury, Md.
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse total bast.			
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN F	PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. ((Enter nature of injury in Port I ar Part II of A	item 18.)
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Hour o.m. p.m. 19		CE OF INJURY (Home, farm, ory, street, affice bldg., etc.)	ar town) (County) (State)
	21. I certify that (I) (this haspita			
	saw the deceased alive an	-14 1901, and that	t death accurred at & PM, fra	m causes and an the date stated abov
	220. SIGNATURE	Les A M.E		STAFF PHYS. 22b. DATE SIGNED C - C - C - C - C - C - C - C - C - C
1	22c. PHYSICIAN'S NAME (Type) WILBER R	. ELLS, JR.	Medical Cente	er, SALISBURY, Ma
230	BURIAL, CREMATION, 23b. DATE THEREOI			N (City or Town) (County) (Stote)
	Burial June 17,19			ury, Maryland
24	FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR	2Sb. REGISTRAR'S SIGNATURE
	HOLLOWAY & COMPANY, S	SALISBURY, MARYLAND	date N 20 1967	1

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Page 4 moy be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in by the truetol director, page 3 should be detoched for use os the buriol-tronsit permit. Then please remove carbon payers. Pages and should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours offer debt

		MARKET THE RESIDENCE MARK	TILL STATE OF THE	
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		March Valley Co.		
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	THE RESERVE	April 1981	G TO THE SECOND	
		and the state of t		

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the furdirectar, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and manyevent, within 72 hours after

VR A15 (4) 20 M 1/66

CERTIFICATE OF DEATH

ORRES.

	00001				000013
1.	PLACE OF DEATH		- CTATE A	/ L COUNTY	: Residence before odmission)
	o. COUNTY Wicomico	MARYLAND	O. STATE WIARY	LAND 6. COUNTY	Wicomico
	b. CITY OR TOWN (If outside corparate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside	carpargte limits, write RURAL	and give nearest town)
	write RURAL and give nearest town)	HRS.	SALI	SDURV	23-1
	d. NAME OF HOSPITAL OR INSTITUTION (If nat in has		d. STREET ADDRESS	5 /2-/	e. IS RESIDENCE ON A FARM?
	Peninsula Gen	eral Hospital	509 N.	DIV. ST.	YES NO
3.	NAME OF	Middle	Last / 4.	DATE Manth	Day Year
	OFCEASED (Type or print) 1 Hom AS	Edward	Webb	DEATH JUN	
S.	SEX 6. COLOR OR RACE 7. MAR		DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
1		OWED DIVORCED	VEC. V5, 184	/ 5 yrs.	
dui	a. USUALOCCUPATION (Give kind af work dane ring most of working life even if retired)	ODUSTRY COMP L	SOME LSET	te, or foreign country)	12. CITIZEN OF WHAT
	. EATHER'S NAME	66	14. MOTHER'S MAIDEN NAME	B. soal	
10	HOMAS V. WEL	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	STREET, STREET
(y	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give war ar dates of service	214-10-8680 MM	les. T. E. WE	4 4	EE #2
	18. CAUSE OF DEATH (Enter only one couse per li	ne far (a), (b), and (c).)	and Asa:	1	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Meumonitis	"a XISD!	rotion	ONSET AND BEATTI
	5 2 11 DUE TO	Some Pil		. 1. 00	
	Canditians, if ony, which gove is to immediate cause (a),	revers lucia	conory Em	physema	
	stating the underlying couse last.				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT PELATED TO 1	THE TERMINAL DISEASE CONDITION	ON GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
TION	50.00.1.	1-1-1	- 1	porosis	PERFORMED? YES NO PA
FIG		THRITIS AT 105. DESCRIBE HOW INJURY OCCURRED.			
GR.	OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL CERTIFICATION		20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Hame, farm,	20f. (City or tawn)	(Caunty) (State)
MED	Haur a.m.	While Nat While fact	ary, street, affice bldg., etc.)		
	21. I certify that (I) (this hospital)		, 19	to June 2	_, 19 <u>G</u> Z, that (I) (****) las
	saw the deceased alive an June		t death accurred at 💐		nd an the date stated above
	220. SIGNATURE	11:04 0	ATTENDING MED). STAFF	22b. DATE SIGNED
	Mower C.	Help h. M.	D. PHYS. LEE DIRE	CTOR L PHYS. L	June 2, 1967
	22c. PHYSICIAN'S THOMAS C.	HILLU JR. M.	10 Pine Blu	I Road 3	Bolisbung Md.
23	a. BURIAL, CREMATION, 23b. DATE THE EOF	23c. NAME OF CEMETERY OR	^ .	23d. LOCATION (City or Town	(Caunty) (State)
B	DELPHON (Specify) 6/4/190	17 JUNNY RIDE	E LEM.	CRISTIEL	of, 20m. Med.
2	4. PINERAL DIRECTOR	ADDORESS P	2Sa. REC'D BY		STRAR'S SIGNATURE
1 4		11 01 20 11	A WELL AND DATE TO A	the IMPA	- V/1 []

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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30003	CERTIFICATE	OF DEATH		00000
1. PLACE OF DEATH a. COUNTY		a. STATE	b. COUNT	
Wicomico	MARYLAND	Marylan		Somerset
b. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside	carparate limits, write RURA	AL and give nearest tawn)
Salisbury	257 days	Deal Is	land	19.2
d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital	, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
Deer's Head State	Hospital			ON A FARM? YES NO
NAME OF First DECEASED	Middle	Last 4.	DATE Manth OF	Day Year
(Type or print) ISADORA	F. WE	BSTOR	DEATH 6	11 1967
SEX 6. COLOR OR RACE 7. MARRIED		B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR 1F UNDER 24 HRS.
F W WIDOWE	DIVORCED	6-17-1880	last birthday) Yrs.	Manths Days Haurs Min.
	KIND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (County & Sto	ite, ar fareign cauntry)	12. CITIZEN OF WHAT
FIE 4 SC HOLD	045EHOLD	MARYLA	AND	COUNTRY? SA.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
James DA	NIEL	MARY INFORMANT / enog Wels7	WIL	SON
	S. SOCIAL SECURITY NO. 17.	INFORMANT	Addres	5 21173
(Yes, na, ar unknawn) (If yes give war ar dates af service)	NKNOWN L	enno 102/07	in Princes	a aun bed
18. CAUSE OF DEATH (Enter only one cause per line for		1 209 00-1-1	V 2-11-	INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY:	onchopneumonia			ONSET AND DEATH
IMMEDIATE CAOSE (d)	onchophedioniza			T week
Canditions, if any, which gave) Canditions, if any, which gave)	teriosclerosis	generalized		Years
rise to immediate cause (a)		, 3		
stating the underlying cause DUE 10				
kast. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
20g ACCIDENT WAS UNDERLYING TO 20b I				YES NO X
20g. ACCIDENT WAS UNDERLYING ☐ 20b. I	DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part	I ar Part II af item IB.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	INJURY OCCURRED 20e. PLA	CE OF INJURY (Hame, farm,	20f. (City ar tawn)	(Caunty) (State)
Haur a.m. Whi	le Nat White fact	ary, street, affice bldg., etc.)	(,	(3.3.5)
p.m. 17 gt we	ark L at wark L	Sentember 7 106	7 1. 12200 7	1 1067 41 11 (1) () 1
21. I certify that (I) (this haspital) atte	nded the deceased fram	September 4 190	IO PM formania	L , 1907 , that (I) (we) las
22g SIGNATURE	1901 , una ma	dedin accorred disease	io I M, Italii causes a	
12d SIGNATINE	//	ATTENDING MED	STAFF F	22b. DATE SIGNED
1 yellong an	M.C		CTOR PHYS.	6/12/67 Md.
PHYSICIAN'S NAME (Type) A. C. Mitchel) M D	22d. ADDRESS	d Chaha Haani	
				ital, Salisbury,
3a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Tow	' '' '
BOURIACIÓN 6-14-67	ST. JOHN.	s Cometery	DEAL ISLA	
24. FUNERAL DIRECTOR 0 = 1	ADDRESS 2-10			SISTRAR'S SIGNATURE
J. JWebslu Vini	cars Rome	Med JUN 19	1967 Jelia	res juge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed w<u>ithin</u> 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletel carbed in E director, page 3 shauld be detached far use as the burial-transit permit. Then please remave cacban papers. Shauld be filed with the State Dept. of Health prior ta burial, crematian, ar remaval, and in any event, within 72 ha VR A15 (4) 25M 1/67

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08866 08864 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death funeral 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b COUNTY Wicomico MARYLAND filled in by the for c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b write RURAL and give negrest town) e cachon papers. Poc event, within 72 hours d. STREET ADDRESS BOX 318 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? 80 Peninsula General Hospital NO Z 3. NAME OF DATE completely OF DECEASED DEATH (Type or print IF UNDER 1 YEAR DATE OF BIRTH IF UNDER 24 HRS S. SEX 6. COLOR OR RACE NEVER MARRIED AGE (In years remoke virthday) Manths Oays Hours DIVORCEO WIOOWED ond in ony and 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) COUNTRY? physician to lease **INDUSTRY** Laborer 13. FATHER'S cremation, or removol, attending permit. The 16. SOCIAL SECURITY NO. INFORMANT lenton, M. Rt. 3#318 dotes of service INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter any one cause per line for (a), (b), by the signed by the burial-tronsit i burial, cremati PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) by the hospital or attending physician. mocardilis Canditians, if any, which gave rise to immediate couse (a), DUE TO for use as the I stating the underlying cause has been last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? eumonia YES 19 NO this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING [2 be detoched for State Dept. of H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or tawn) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour a.m. Nat While factory, street, affice bldg., etc.) /at work TO FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the State at work 21. I certify that (1) (this hospital) attended the deceased fram be retained and that death accurred M. from causes and on the dote stated obave. saw the deceased alive on 22b. DATE SIGNED 22a, SIGNATURE ATTENDING STAFF **OIRECTOR** 22d. ADDRESS 22c. PHYSICIAN'S Poge 4 moy NAME (Type) 23b. DAJE THEREOF 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) Simi 2Sb. REGISTRAR'S SIGNATURE EUNERAL OIRECTOR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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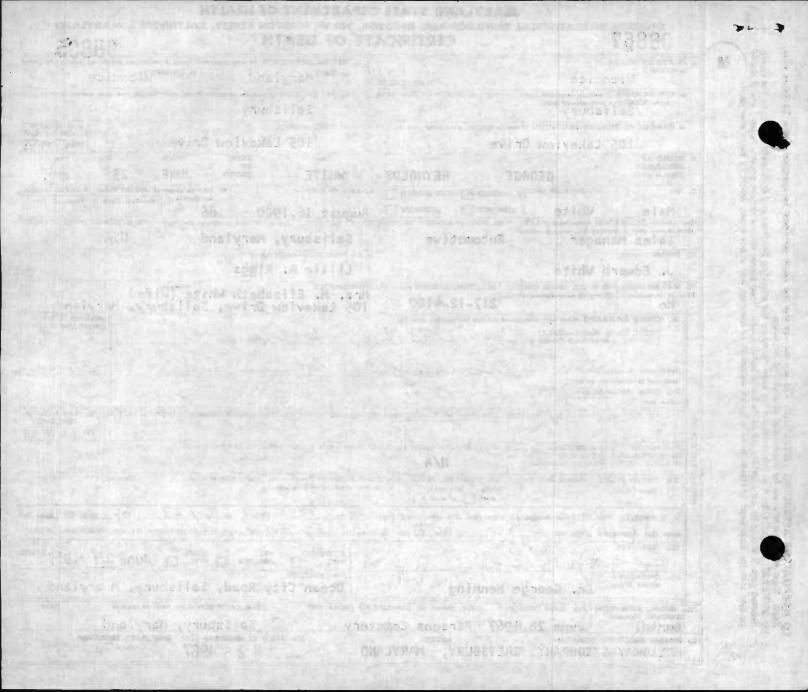
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed whin 24 hours after death. Page 4 be retained by the hospital or altending physician.

TO FUNERAL CATOR: After this certificate has been signed by the attending physician and completely in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 7-62 MARYLAND STATE DEPARTMENT OF HEALTH

	MARILAND STATE DEPARTMENT OF REALTH	
DIVISION OF STATISTI	CAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BAL	TIMORE 1, MARYLAND
08867	CERTIFICATE OF DEATH	08865
		4.

a. COUNTY Wicomico MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) a. COUNTY Wicomico c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) Salisbury d. STREET ADDRESS o. STATE Maryland b. COUNTYWicomico c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) Salisbury d. STREET ADDRESS	ost town)
write RURAL and give nearest lown) Salisbury Salisbury	Marie 1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street eddress) d. STREET ADDRESS	IS RESIDENCE
at a later to have a looking and a second	ON A FARM?
105 Lakeview Drive 105 Lakeview Drive	ES NOXX
3. NAME OF First Middle Lest 4. DATE Month Dey OF OF (Type or print) GEORGE REYNOLDS WHITE DEATH JUNE 23	Yeer 19 67
7. MAINTED PAINTEVER MARKIED I	INDER 24 HRS.
Male White WIDOWED DIVORCED August 16.1900 66 yrs. How	ours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Manager 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) Automotive Salisbury, Maryland USA	HAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
J. Edward White Lillie A. Riggs	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyesgivewerordelesofservice) No 217-12-4100 17. INFORMANT Mrs. M. Elizabeth White (Wife) 105 Lakeview Drive, Salisbury, Maryla	and
	AL BETWEEN AND DEATH
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (6) Ca nectos tatie to brain 3	whe
Conditions, if eny, which gove rise to immediate cause (e), stating the underlying cause last. DUE TO (b) Bronchuz gouer Carcumona 3 DUE TO (c)	month
	PERFORMED?
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) Hour a.m. p.m. 19 4 work et work et work et work	(State)
21. I certify that (I) (this hospital) attended the deceased from pril 13 , 1967, to le 23 , 1967, that saw the deceased alive on 1967, and that death occurred a 1515 M, from the causes and on the date sta	
228. SIGNATURE ATTENDING MED. STAFF June 24/1	1967 SIGNED
22c. PHYSICIAN'S NAME (Type) Dr. George Henning Ocean City Road, Salisbury, Maryl	1and
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) Burial June 26, 1967 Parsons Cemetery Salisbury, Maryland	(Stete)
24 FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY, SALISBURY, MARYLAND 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE JUN 28 1967	udge



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 De retained by the hospital or attending physician.

TO RIVERAL CTOR: After this certificate has been signed by the attending physician and completely in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbox pages: Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4)

1SM 7.62

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

18868		CERTIFICA	O. DIA			000	,00
1. PLACE OF DEATH			2. USUAL RESIDE	NCE (Where dacea	ed lived, If institution	on: Residence	before admission)
Wicomico		MARYLAND	. STATE Mary	1 and	b. COUNTY W	icomic	0
b. CITY OR TOWN (if outside corporate I	imits,	c. LENGTH OF STAY IN 16			limits, write RURAI		
write RURAL and give nearest town) Salisbury			Sali	sbury		2	3.1
d. NAME OF HOSPITAL OR INSTITUTION	V (if not in ho	spital, giva street address)	d. STREET ADDRESS			8	. IS RESIDENCE
217 Maryland				Maryland	Avenue		ON A FARM? YES NO XX
3. NAME OF PURCHASED	irst	Middle	Last	4. DATE	Month	Dey	Year
	URA	ELLEN	WHITE	OF DEATH	JUNE	25	19 67
5. SEX 6. COLOR OR RA	CE 7. MARRIE	ED NEVER MARRIED 8	. DATE OF BIRTH	9. A	GE (In years IF UND	ER 1 YEAR	IF UNDER 24 HRS.
Female White	WIDOWI		ovember 8, 1	884 82	st birthday) Month	s Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of w	ork 1Db. K	IND OF BUSINESS OR INDUSTR				CITIZEN OF	WHAT COUNTRY?
done during most of working life, even if re	tired)	CONTRACTOR OF THE STATE OF	A CONTRACTOR OF THE PARTY OF TH		256,610,650	USA	
Retired - Registered	Nurse	Nursing	Wicomico C		ryland	USA	
Lemuel Knowles			Martha E.				
15. WAS DECEASED EYER IN U.S. ARMED F	OBCECT 114	SOCIAL SECURITY NO 1 17			A 4 1		
(Yes no, or unkown) (If yes give war or datas			Mrs. Sara E. Dodd Avenue,		aughter-i Beach. D		
18. CAUSE OF DEATH (Enter only	ona cause per		1		-	INTÉ	RVAL BETWEEN
PART I. DEATH WAS CAUSED BY	. 10	ixein se	Conde	Hond	201000		SET AND DEATH
IMMEDIATE CAUSE				year.	Guide	40	acere a
DUE .	10						
Conditions, if any, which geve rise to immediate cause	(b)						
(a), steting the underlying DUE	10						
	(c)						
PART II. OTHER SIGNIFICANT CON	IDITIONS COI	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CO	NDITION GIVEN IN I	ART 1(a) 19	PERFORMED?
CAT						Y	ES NO
PART II. OTHER SIGNIFICANT CON 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT Uff EITHER, NOTIFY MEDICAL EXAMINI	н	SCRIBE HOW INJURY OCCURED N/A	. (Enter neture of injury in	n Pert I or Pert II of	item 1B.)	WAY.	
20c. TIME OF INJURY Month, Day,	Yeer 20d.	INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fa	rm, 2Df. (City or	town)	(County)	(Stata)
20c. TIME OF INJURY Month, Dey, Hour e.m.	While et wo		tory, straet, office bldg., et	tc.)			
			10	-55	11-7 5	1./7.	
21. I certify that (I) (this hos	1 0	~ 1		7/	1-25,		
saw the deceased alive on	Q al	19 (and that	death occurred at.	M, from the	e causes and or	the date	
22e. SIGNATURE	1	11 6	ATTENDING	MED.	STAFF	40	22b. DATE SIGNED
LUSORO	Us.	Y WI M	.D. PHYS.	DIRECTOR _	PHYS. D	ine V	71967
22c. PHYSICIAN'S NAME (Type)			22d. ADDRESS			7	
Dr. Wilbe	r R. E	114's	Salisb	ury, Mary	land		
23e. BURIAL, CREMATION, 23b. DATE T	HEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATIO	ON (City, town or co	ounty)	(State)
Burial June 28	, 1967	Parsons Ceme	etery	Salisb	ury, Mary	1and	
24 FUNERAL DIRECTOR'S SIGNATURE	- 3-4	ADDRESS	25a. R		R 256. REGISTRA	R'S SIGNATI	URE
HOLLOWAY & COMPANY	, SALI	SBURY, MARYLAI	DATE	JUN 28 1	967 100	carles,	Judge
					#		

		TENOR BEAUTIMENT		
			PAGED MONISHE	
			601 100 NV	
	Yiesting		Those of the	;
	norway heavy year (12		Jacobs propos po son da Fynan (12)	
		LAURA ELLEN		
100	Tim Edil H891 (8 midminuo)		actitude of said	
	Morellos County, Noryland	on Murse Intrates		
	reales . autous Ara "Sara & Haira (Osuporto-	Maximum Assessed (Decise	AN ELECTRICAL PROPERTY OF THE	
	Soller Avenue, Reissboch Brech.			
			HOUSE SEE VESTING TO	
	tions of the process of			
		AT 13 . A 100		

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2300 867 CERTIFICATE OF DEATH 08869

	PLACE OF DEATH g. COUNTY		2. USUAL RESIDENCE (V	Where deceased lived, if institution: Resid b. COUNTY	ence befare admission)
	Wicomico	MARYLAND	Mary:	land Wicom	ico
	b. CITY OR TOWN (If autside carparate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If au	tside carparate limits, write RURAL and g	ive nearest tawn)
	write RURAL and give nearest tawn) Salisbury	5 Yrs.	Salisbu	rv	22.1
_	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspita		d. STREET ADDRESS		e. IS RESIDENCE
	104 E. Isabella St.,		104 \$.I	sabella St.,	ON A FARM? YES NO X
	NAME OF First	Middle	Last	4. DATE Manth	Day Year
	DECEASED (Type or print) CHARLES	EDWARD	WILLIAMS	OF DEATH 6	26 19 67
	SEX 6. COLOR OR RACE 7. MARRIE		8. DATE OF BIRTH	9. AGE (In years IF UNDE	R 1 YEAR IF UNDER 24 HRS
	Male White WIDOWE	D DIVORCED	9/8/1886	Manths	Duys Huuis Min.
		KIND OF BUSINESS OR	11. BIRTHPLACE (County		CITIZEN OF WHAT
OF.	ing most of working life even if retired Salesman, Retired S	INDUSTRY toves	Maryland	Baltimore City	OUNTRY?
_	FATHER'S NAME		14. MOTHER'S MAIDEN		
	Richard Williams		Ida Bria	an	
15.		6. SOCIAL SECURITY NO. 17.	NFORMANT	Address	A. C. C.
(Ye	es, na, ar unknawn) (If yes give war ar dates af service)	Mno	Donothy M	illiams see sec #2	
	18. CAUSE OF DEATH (Enter anly one cause per line		· DOTOGRY W.	illians see see 1/2	I INTERVAL BETWEEN
н	PART I. DEATH WAS CAUSED BY:				ONSET AND DEATH
	IMMEDIATE CAUSE (a)	1190 ginous	marker		12 770 737 32
h	Conditions if any which gave	My o onder	1 1/24	Pros To	
h	rise to immediate cause (a)	Chrydio Sallio	ac year	Millier	
S	stating the underlying cause DUE TO				The Artista
h	last. (c)				I I I I I I I I I I I I I I I I I I I
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
3					YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ 20b. OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED.	(Enter nature af injury in I	Part I ar Part II af item 18.)	
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m. 20d		CE OF INJURY (Hame, farm ary, street, affice bldg., etc.)		aunty) (State)
Ш	21. I certify that (I) (this hospital) atte		3-21	9 68 to 6 - 26-19	6 7that (I) (we) I
	saw the deceased alive an	20 19 67, and tha	t death accurred at	M, fram causes and an	the date stated aba
	22a. SIGNATURE	0 0		22b.	DATE SIGNED
H	(news	///lessed M.	D. PHYS.	MED. STAFF - 6-	26-1967
G,	22c. PHYSICIAN'S	211	22d. ADDRESS	364 3 1	
	NAME (1700) Dr. James L. Cl	ifford	Salisbur	y, MAryland	
30	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
	REMOVAL (Specify) Burial 6-28-1967	Parsons C met	ery	Salisbury, Mar	
24	FUNERAL DIRECTOR	ADDRESS		BY REGISTRAR 25b. REGISTRAR'S	
	Hill Funeral Home Salis	- AUDICOO -	230. KEU L	J BT KEGISTKAK1 ZSD. ASZONBIKAK S	MUNATUKE

director, page 3 should be detoched for use as the buriol-transit permit. Then please remove carron papers. Pages 1 and 2 **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or ottending physicion.

VR A15 (4) 20 M 1/66

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08870 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPTY PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) b COUNTY o. COUNTY Wicomico PM3. Page Maryland State Department of MARYIAND delay b. CITY OR TOWN (If outside corporate limits. CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pup write RURAL and give nearest town) Nanticoke Nanticoke d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS along with farm Item 18. Give Pages 1, 10 3. NAME OF First Middle Lost 4. DATE Month DECEASED OF the HOBERT EDGAR. WILLING 6-26-67 (Type or print) DEATH S. SEX IF LINDER 1 YEAR 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years 7 MARRIED NEVER MARRIED last birthdoy) Months White 9-2-01 Male WIDOWED DIVORCED 24 hours farwarded to the Chief Medical Examiner's Office 10a. USUAL OCCUPATION (Give kind of work done hours after de 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) INDUSTRY merchant pages 14. MOTHER 13. FATHER'S NAME Hobert Willing permit. File 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, na or unknown) (If yes give wor or dotes of service) within 1B. CAUSE OF DEATH (Enter only one couse per line fox(o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY event IMMEDIATE CAUSE (a) certificate shauld writing the ward DUE TO any Conditions, if any, which gave rise to immediate cause (a). .= DUE TO stoting the underlying cause 0 and OS lost. be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) remayal, CERTIFICATION the certificate. pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld PRIMARY ar CONTRIBUTING 0 4 shauld EXAMINER: CAUSE OF DEATH. crematian, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dov. Year (City or town) Hour o.m. Not While factory, street, office bldg., etc.) may be retained far yaur FUNERAL DIRECTOR: Page ot work X. 21. I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry burial, director. deoth resulted from Naturol causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER prior SIGNATURE funeral June 27, 1967 Earl L. Royer, DEPUTY MEDICAL EXAMINER X EXAMINER'S Health Address (Street, city, town, or county) NAME (Type) Camden lisbury Md. 23c. NAME OF CEMETERY OR CREMATORY the 23d. LOCATION (City or Town) BURIAL CREMATION DATE THEREOF

MAKTE

Bivalve, Md.

Home.

VR A15ME (5) 6M 1/67

50

24. FUNERAL DIRECTOR Funeral

REMOVAL (Specify)

(County) (State)

(County)

Wicomico

Dov

Dovs

12. CITIZEN OF WHAT

COUNTRY?

e. IS RESIDENCE ON A FARM?

19

ONSEV AND DEATH

WAS AUTOPSY

PERFORMED?

and in my opinian

22. DATE SIGNED

NO DE

(Stote)

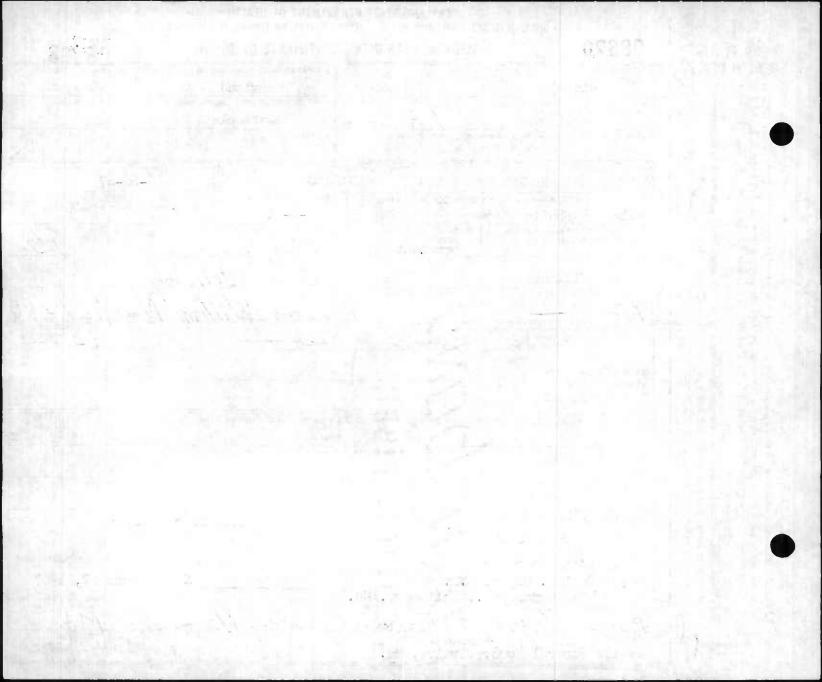
YES NO

Year

IF UNDER 24 HRS

25b. REGISTRAR'S 2So. RIC'D BY REGISTRAR

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	08871	CERTIFICATE C	OF DEATH	0	8869
1.	PLACE OF DEATH o. COUNTY Wicomico		USUAL RESIDENCE (Where o. STATE	deceased lived, if institution: Resi	dence before odmission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury	c. LENGTH OF STAY IN 1b	CITY OR TOWN (If outside of	corporate limits, write RURAL and	22.1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in I	neral Hospital	STREET, ADDRESS	2	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE 7.7	Middle LEE W/) MARRIED □ NEVER MARRIED ☑ 8. D.		DATE Month OF DEATH JUNE 19. AGE (In years IF UND	Doy Year 1967 DER 1 YEAR IF UNDER 24 HRS.
	1 - 11114	IDOWED DIVORCED 7	6. 21. 19/2 1. BIRTHPLACE (County & Stot)	2 dest birtheddy) Month	
du	ring most of working life, even if retired) FATHER'S NAME	INDUSTRY	MOTHER'S MAIDEN HAME	land	COUNTRY? 8 A
(Y	: WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) [(If yes give war or dates of sen	ice) 16. SOCIAL SECURITY NO. 17. INFO	ESSIC RMANT	Address Address	Bal. Zu
	18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Mysica Deal a Mysica Deal a Mysica Deal a	factis Falu	N	Duby
TIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATED TO THE T LUCE 205. DESCRIBE HOW INJURY OCCURRED. (Ente			19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19		F INJURY (Home, form, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	21 certify that (1) (this hospital aw the deceased alive on 220. SIGNATURE 72c. LEHYSICIAN'S NAME (Type)	attended the deceased from	ath accurred at 12 ATTENDING MED. DIRECT	M, from causes and or	that (I) (we) lase the date stated above DATE SIGNED
	BURIAL, CREMATION, 23b DATE THEREOI	67 04alo 0	meley	3d. LOCATION (City or Town)	(County) (State)
1	4. FUNERAL DIRECTOR	Den ADDRÉSS Pranch	250. REC'D BY I		vles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplefely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbor papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 2 haurs after death.

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

\$6.0 ...

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08872	CERTIF	ICATE OF	DEATH		08870	
1. PLACE OF DEATH o. COUNTY Wicomico	MAR¹		TATE	there deceosed lived, if institution b. COU	tion: Residence before odmiss	
b. CITY OR TOWN (If outside corporate lim write RURAL and give nearest town)			OR TOWN (If out	side carparate limits, write RU	JRAL and give nearest town)	
write RURAL and give nearest town) Salisbury	13 days			isbury	22.1	
d. NAME OF HOSPITAL OR INSTITUTION (IF	State Hospital	d. STRI	ET ADDRESS	Park Avenue	e. IS RES ON A YES	FARM?
	irst Middle		Lost I	4. DATE Mor		ear
DECEASED	RLES HERMAN	WINGA		OF DEATH 6	/	67
S. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE		9. AGE (In years lost birthdoy)		ER 24 HRS.
10o. USUAL OCCUPATION (Give kind of work don during most of working life, even if retired) 13. FATHER'S NAME		11. BIR		Stote, or fareign country)	12. CITIZEN OF WHAT COUNTRY?	9
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes give wor or dote:	of service) 222-09-7	17. INFORMA	ice in Edn	MOORE WAND		15.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUS DL Conditions, if ony, which gove	D	umonia			ONSET AND	teks
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN PART 1(o)	19. WAS AU PERFORI YES	TOPSY MED? NO
OR CONTRIBUTING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OF	CCURRED. (Enter no	ture of injury in P	art I or Port II of item 1B.)		
20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m.	20d. INJURY OCCURRED While Not While of work at work	20e. PLACE OF INJ foctory, street	URY (Home, farm, , office bldg., etc.)	20f. (City or town)	(County)	(Stote)
saw the deceased alive an_	spital) attended the deceased June 12 19 67, a	from May 3 and that death	occurred at	67 , ta June : 38PM, fram causes	12, 1967, that (I) and an the date state	(we) las
220 SIGNATURE 22c. PHYSICIAN'S	wasct	M.D. PHYS		MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 6/12/67	
	nnacott, M. D.			Head State Ho	spital;Salist	oury,
230. BURIAL, CREMATION, 23b. DATE TO SEMOVAL (Specify) 6/16	11 - 1 1 -	ELLOW	RY .	23d. LOCATION (City or To	Man.	Note of the
24. FUNERAL DIRECTOR	ADDRESS				EGISTRAR'S SIGNATURE	

scorgetown heel

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician. **TO FUNERAL DIRECTOR:** After this cerificate has been signed by the attending oblistican and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. They please remave carban papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after deatheath.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE		08873	MED	ICAL EXAMINER'S	CERTIFICATE (OF DEATH	08871
ALTH DEPT.		tace of death . COUNTY Wicomico		MARYLAND	2. USUAL RESIDENCE o. STATE Mary	h (0)	ution: Residence before odmission)
y delay		CITY OR TOWN (If outside corporote lim write RURAL and give nearest town) Salisbury		c. LENGTH OF STAY IN 1b		utside carporote limits, write R imore	JRAL and give nearest tawn)
n m Dep		. NAME OF HOSPITAL OR INSTITUTION (IF			d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
form PA		DOA Peninsula	Genera	1 Hospital	2225	Madison Ave.	YES NO
we Poges we Poges with for		IAME OF DECEASED Type or print) JOS	irst CPH	Middle C. W	ORTHAN	4. DATE Ma OF DEATH	6-4-67 19
nours ofter death, em 18. Give Page office along with f ond 2 with the Stat death.	5.	Male 6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost withdoy) 53 59 yrs.	Months Doys Hours Min."
24 hours in Item 1 's Office is lond 2 fter deoth		USUAL OCCUPATION (Give kind of work don ng mass of working life, even if retired)		IND OF BUSINESS OR IDUSTRY	11. BIRTHPLACE (Stote	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
within 24 pencil in caminer's le pages hours ofte	13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
ed in	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES no, or unknown) (If yes give wor or dotes	of service)	5	NFORMANT WERE NOW	ethan 142	3 Carswell St
be execut pending hief Medico onsit permi		PART I. DEATH (Enter only one or PART I. DEATH WAS CAUSED BY:	(0)	(o), (b), ond (c).) racture of cer			INTERVAL BETWEEN SUSE AND DEATH
should be e		Conditions, if ony, which gove		rushed chest			sudden
ting the rided 1 as a ond in		last.	(c)				
This certificate, writh be forword be used removal, or	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
(AMINER: This cert the certificate, write the certificate, write e 4 should be forworour files. age 3 should be used emation, or removal,		200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.		escribe how injury occurred. nvolved in one			cnown.
AMINION THE COURT FILE	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 12:35 p.m. 6-4-67 19	20d. I While	NJURY OCCURRED 20e. PLA Not While Rou Rou	CE OF INJURY (Home, for tory, street office bldg., etc te 50	1	(County) (Stote) Wicomico, Md.
se execut ctar. Pog ned far y ECTOR: Po buriol, Cr		21. I certify that I taok chard death resulted from Natu	ge af the rer	mains described above, he	eld on Autopsy [],	Inspection X, Inc	uiry 🛣, and in my opinic
please please all direct retains or ta b		ACTUAL SIGNATURE	- Kn	2		DICAL EXAMINER	22. DATE SIGNED
TO DEPUTY MED necessory, please the funeral direct may be retain TO FUNERAL DIRECT Health prior to be the principal to be the prior to be the prior to be the prior to be the	45	EXAMMER'S Earl L. Romane (Type) 1409 Camden	a Ave.,	Salisbury, Md		et, city, town, or county)	June 5, 1967
TO D nece the 5 m		BURIAL, CREMATION, REMOVAL (Specify) Personal Species	9/67	23c. NAME OF CEMETERY OR	ect Cem	23d. LOCATION (City or 1	tudrick an
VR A15ME (5) 6M 1/67	24	Elliott Funeral He	ome, Ba	ltimore, Md.	2So. REC		Cliarles Judge

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08874

MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEP 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. STATE b. COUNTY o. COUNTY Maryland Page 0 Wicomico and 3 c. CITY OR TDWN (If outside corparate limits, write RURAL and give nearest town) b. CITY OR TDWN (If outside corporate limits, c. LENGTH DE STAY IN 16 State Departme write RURAL and give nearest town) Baltimore Salisbury e. IS RESIDENCE ON A FARM? d. NAME OF HDSPITAL DR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS Office along with farm DOA Peninsula General Hospital 2225 Madison Ave. YES NO [Item 18. Give Pages 4 DATE 3. NAME OF First DECEASED WORTHAN 6-11-67 LEORA DEATH (Type or print) IF UNDER 1 YEAR AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH last birthdoy) 32 yrs. Months AA WIDOWED death 12. CITIZEN OF WHAT 10b, KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME hours WAS DECEASED EVER IN U.S. ARMED EORCES? 16. SOCIAL SECURITY NO AL EXAMINER: This certificate should be executed burial-transit permit. the certificate, writing the ward "pending" i 4 shauld be farwarded ta the Chief Medical (Yes, he, or unknown) (If yes give wor or dotes of service) event within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) PART I. DEATH WAS CAUSED BY: DUF TD any Conditions, if ony, which gove rise to immediate couse (a). .⊆ DUF TO stoting the underlying couse 0 and 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) ar remaval, NO CK 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 20o. EXTERNAL CAUSE WAS 3 should PRIMARY CONTRIBUTING Involved in one car accident, driver unknown. CALISE OF DEATH. 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Doy, Yeor 12:25 p.m. 6-4-67 20d. INJURY OCCURRED Route 50 While of work Not While may be retained far your FUNERAL DIRECTOR: Page Salisbury, Wicomico, Md. Page / Inspection I Inquiry ond in my opinion 21. I certify that I took charge of the remains described above held an Autopsy Undetermined monner Natural couses . Accident the funeral directar. deoth resulted from: Suicide Homicide CHIEE MEDICAL EXAMINER ACTUAL 22. DATE SIGNED prior June 6, 1967 Earl L. Royer, M. DEPUTY MEDICAL EXAMINER Health 109 Camden Ave., Salisbury, 0 2Sb.

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